

Name
in
Full

James Richmond Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

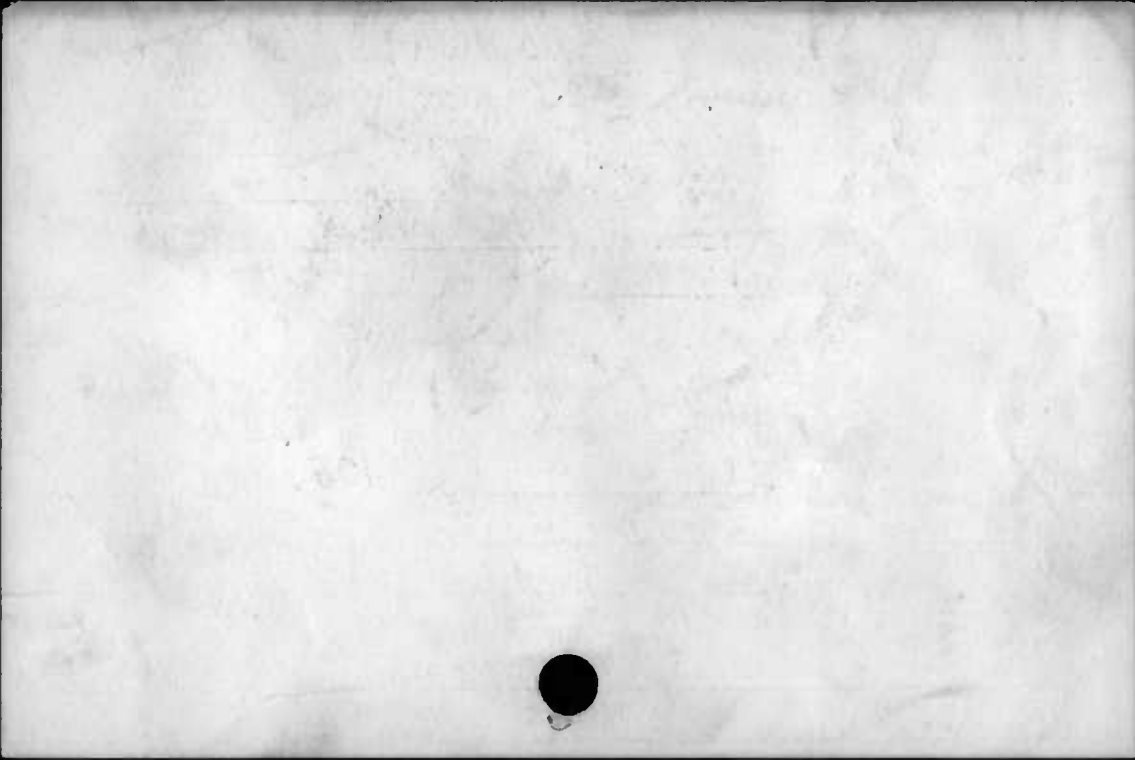
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1908 June</i> ^{Month}	<i>14</i> ^{Day}	Age	<i>4</i> ^{Years}	<i>14</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birthplace	<i>Annapolis</i>
Occupation			Where Residing if not at place of death <i>30 Second St.</i>		
Married Single or Widowed	<i>Infant</i>		Name of Wife or Husband		
Father's Name	<i>J. A. Adams</i>		Father's Birthplace	<i>Ala Co. Ind.</i>	
Mother's Maiden Name	<i>Aida T. Richmond</i>		Mother's Birthplace	<i>Char Co. Md.</i>	
Name of person giving information	<i>J. A. Adams</i>		How related to deceased	<i>father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>one month</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Hepler</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name
in
Full~~Albert~~ Bean

Albert

CERTIFICATE OF DEATH

Died at ^{Town} AnnapolisCounty ^{At} ~~At~~ ^{At} ~~At~~

MARYLAND

Date of death 1908 June 6th Age ^{Years} ^{Months} 3 ^{Days}

Sex Male Color or Race Col Birth-place Annapolis

Occupation Unknown Where Residing if not at place of death Calvert Street

Married, Single or Widowed Single Name of Wife or Husband Unknown

Father's Name Wm Bean Father's Birthplace At Ats md

Mother's Maiden Name Frances Johnson Mother's Birthplace At Ats md

Name of person giving information Wm Bean How related to deceased Father

CAUSES OF DEATH

72

Primary Trismus Nauseantium How long Two days
Immediate Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

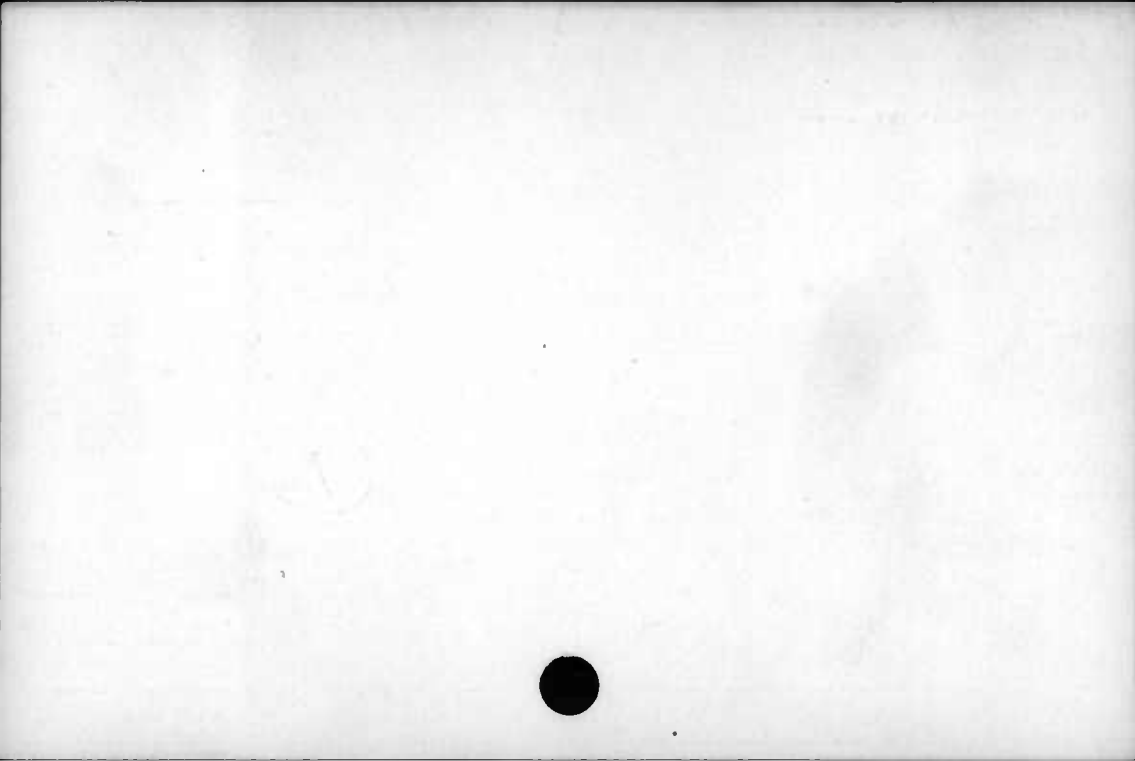
Signature of Physician

Address

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Terry Anderson

Died at *Sollers* Town *Anne Arundel* County **MARYLAND**

Date of death *1908* Month *6* Day *11* Age *31* Years Months *11* Days

Sex *Female* Color or Race *Colored* Birth-place *Sancaster Va*

Occupation *Picker* Where Residing if not at place of death *Arthur Whitmore*

Married, Single or Widowed *Married* Name of Wife or Husband *John W Anderson*

Father's Name *Parker Chism* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Mary Jones* How related to deceased *Sister*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Polte Coroner*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>House of Correction</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	June	Day	7
Age		27		Months	—
Sex	Male	Color or Race	Black	Birth-place	Barclay G. Md.
Occupation	Laborer		Where Residing if not at place of death <i>In House of Correction</i>		
Married, Single or Widowed	Married		Name of wife or Husband <i>Ala. C. Benson</i>		
Father's Name	—		Father's Birthplace —		
Mother's Maiden Name	—		Mother's Birthplace —		
Name of person giving information	—		How related to deceased —		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 mo.</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. H. Rymer</i>	
Address		<i>Frederick Md</i>	
Accident or Suicide?		no.	

Stewart Mowers Co.

Undertakers

215 Park Ave.

for Interment in

Greenboro, Caroline Co. Md.

Name
in
Full

Catherine Bias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Annapolis

Town

A - a -

County

Date of death 1908 June

Month

Day 8

Age 72.

Years

Months 7

Days 21.

Sex Female

Color or Race

Colored

Birth-place

Annapolis.

Occupation

Domestic

Where Residing if not at place of death

N. West St.

Married, Single or Widowed

Married

Name of Wife or Husband

Henry Bias

Father's Name

Harry Richard

Father's Birthplace

Best Gate - ad

Mother's Maiden Name

Catherin Savory

Mother's Birthplace

Best Gate - Md

Name of person giving information

Ida Bias McNeill

How related to deceased

Daughter

City - Cemetery

CAUSES OF DEATH

119

Primary

Acute nephritis

How long

6 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

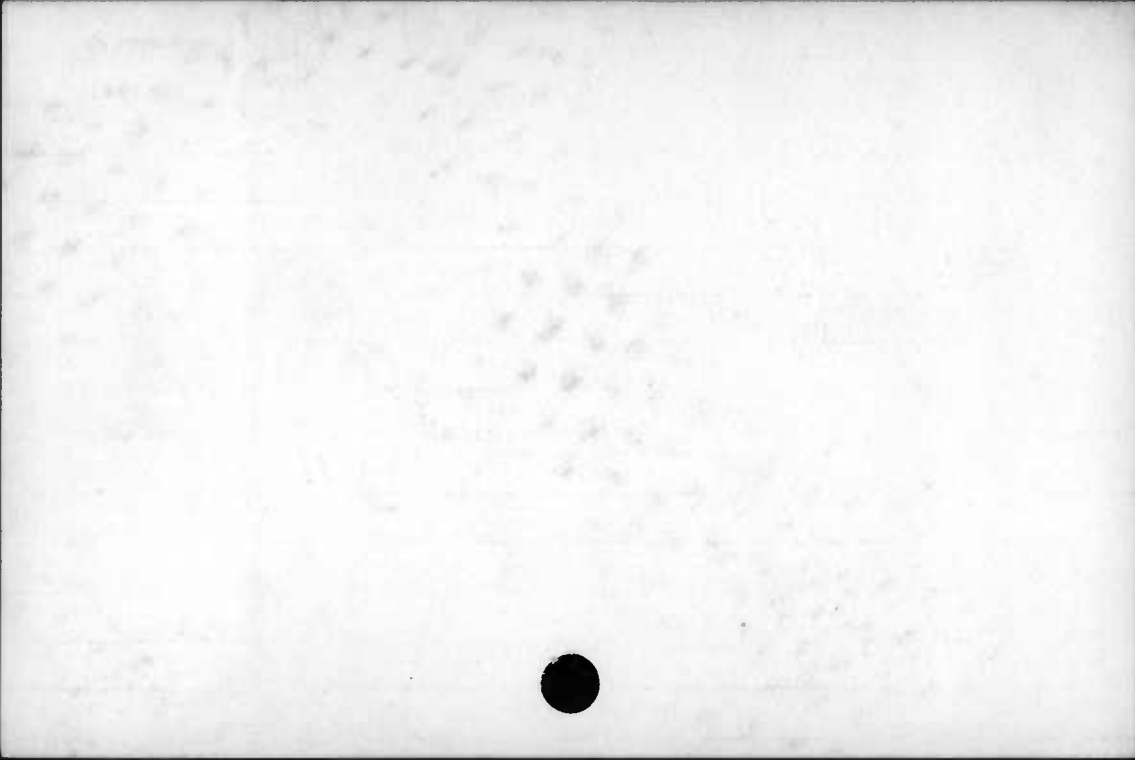
Address

R. P. Tucker
60 E. Howard St.
Annapolis Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Amelia R. Bory

CERTIFICATE OF DEATH

18

TO BE ANSWERED BY
NEAREST FRIEND

Died at E Brooklyn

Town

A A

County

MARYLAND

Date of death 1908 June

Month

Day 20

Age 42

Years

Months 5

Days 8

Sex Female

Color or Race

white

Birth-place

Germany

Occupation

Housewife

Where Residing if not at place of death

Married, ~~Single~~
or ~~Widowed~~Name of ~~Wife~~ or Husband

Frank C. Bory

Father's Name

John Bergman

Father's Birthplace

Germany

Mother's Maiden Name

unknown

Mother's Birthplace

"

Name of person giving information

Frank C. Bory

How related to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Don't know

Immediate

Pulmonary Hemorrhage

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

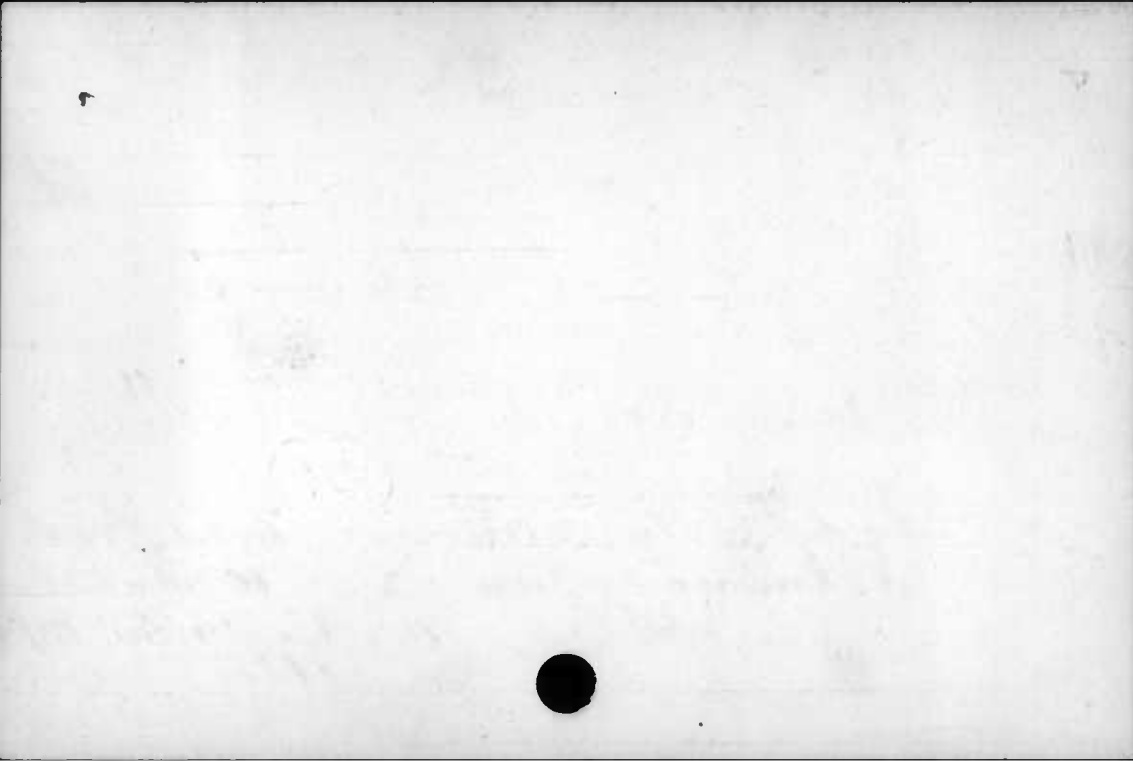
Thos. B. Horton M.D.

Address

So. Bally, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Annapolis		Annapolis		MARYLAND	
Date of death		1908	Month	June	Day	18	Age
					Years	49	Months
						1	Days
Sex		Male		Color or Race		Colored	
Occupation		Writer		Birth-place		Annapolis	
Where Residing if not at place of death		South St.					
Married, Single		Married		Name of Wife or Husband		Martha Boston	
Father's Name		Stephen Boston		Father's Birthplace		A & C Co	
Mother's Maiden Name		Martha Boston		Mother's Birthplace		A & C Co ^{md}	
Name of person giving information		Mrs Martha Boston		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Nephritis	How long	120	6 mos.
	Immediate	Exhaustion	How long	One week	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. P. Reece	
	Address	60 Cathedral St.		Annapolis Md	
	Accident or Suicide?	No			



in

Name
in
Full

David Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

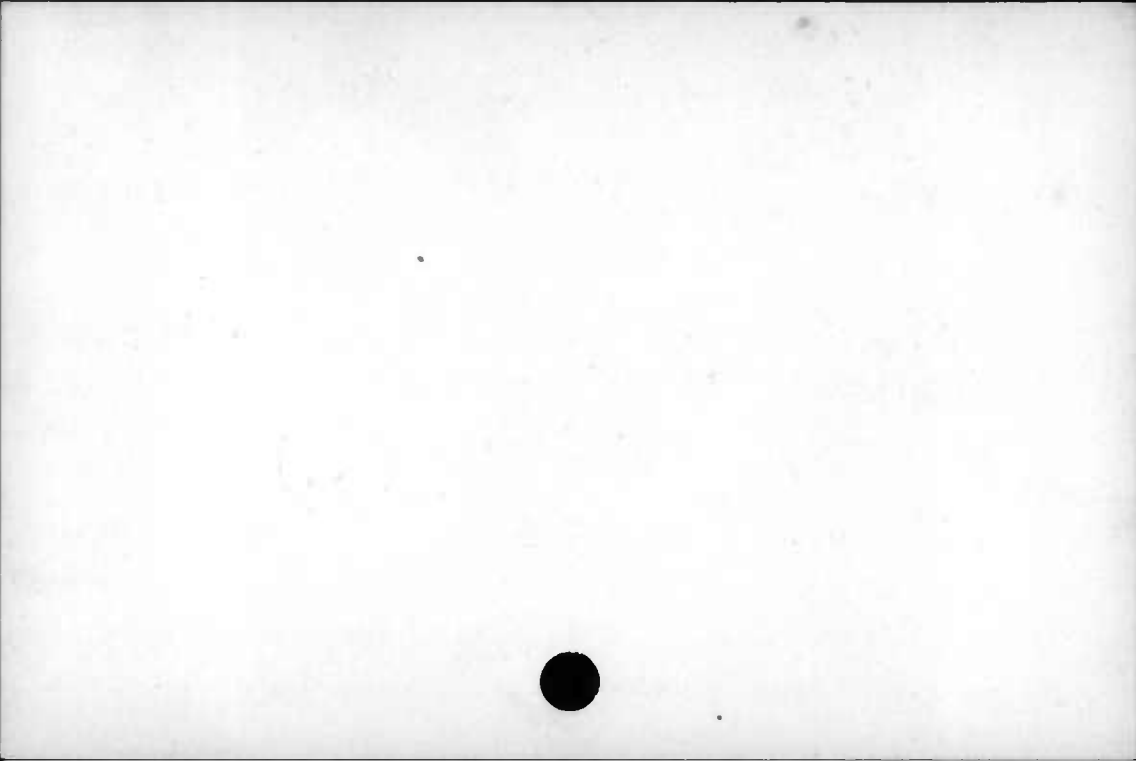
Died at <i>Fair Haven</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1908 June</i> <small>Month</small>		<i>7</i> <small>Day</small>	Age <i>23</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Minnesota</i>			
Occupation <i>Writer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>David Brown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Isabel Freelant</i>	How related to deceased <i>Step father</i>				
Name of person giving information <i>Wm. R. Randree</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Exhaustion.</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Sydney Sterling</i>
	Address <i>Leitch, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Harry Brown

Town *Brooklyn* County *Camden* MARYLAND

Died at *Brooklyn*

Date of death 190*4* Month *5* Day *17* Age *65* Years Months *6* Days *2*

Sex *Male* Color or Race *White* Birth-place *Balt mo*

Occupation *-* Where Residing if not at place of death *Brooklyn*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Charles C Brown* Father's Birthplace *N.Y.*

Mother's Maiden Name *Helen May* Mother's Birthplace *-*

Name of person giving information *Father* How related to deceased *-*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Chronic Infection* How long *8 days*

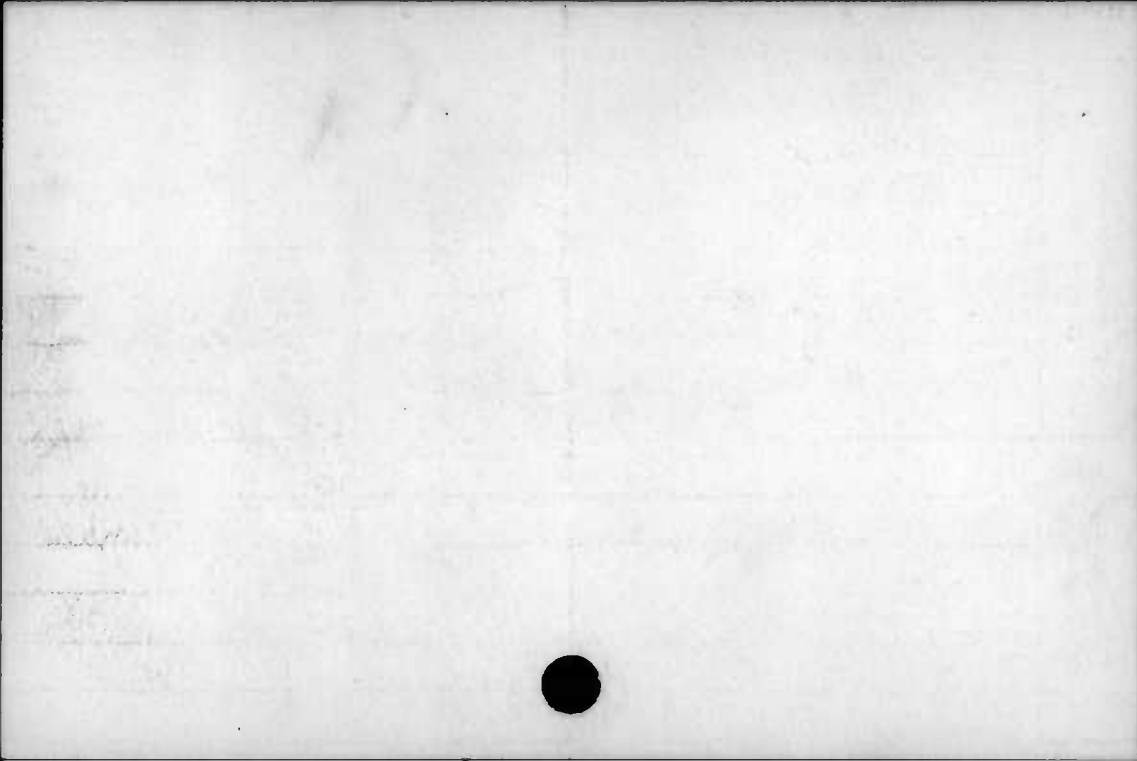
Immediate *..* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. B. M. Robinson*

Address *-*

Accident or Suicide? *-*



Name
in
Full

Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

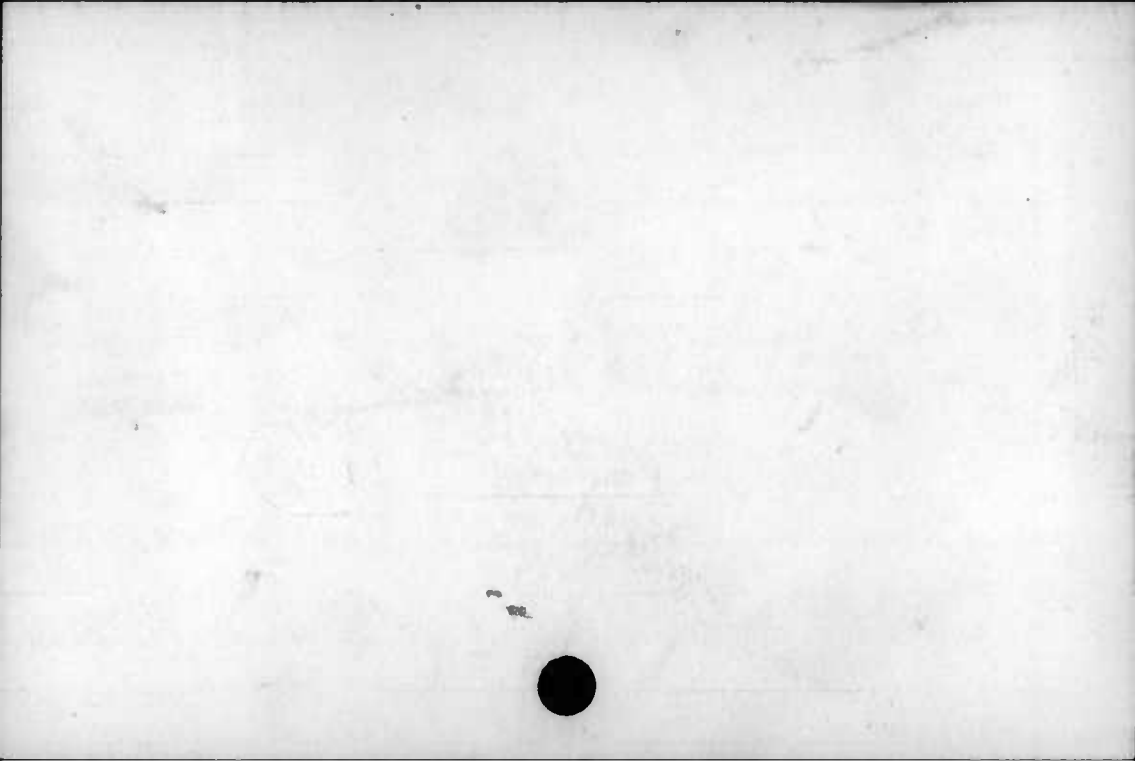
Died at		Town <i>Annapolis</i>		County <i>At Co</i>		State <i>MARYLAND</i>	
Date of death	1908	Month <i>June</i>	Day <i>1st</i>	Age <i>21</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Wm. Brown</i>				Father's Birthplace <i>At Co Md</i>			
Mother's Maiden Name <i>Grace Munnay</i>				Mother's Birthplace <i>At Co Md</i>			
Name of person giving information <i>Grace M. Mother Brown</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro. Enteritis</i>	How long	<i>Three days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Chas. Henry Chen

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

1908

June

28

Age

—

6

19

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Stephen Chen

Father's
Birthplace

Jessup Md.

Mother's
Maiden Name

Susan Seed

Mother's
Birthplace

West River Md.

Name of person giving
In formation

Albert Green

How related
to deceased

Uncle

CAUSES OF DEATH

36

Primary

Hereditary Syphilis

How long

6 mos 19 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

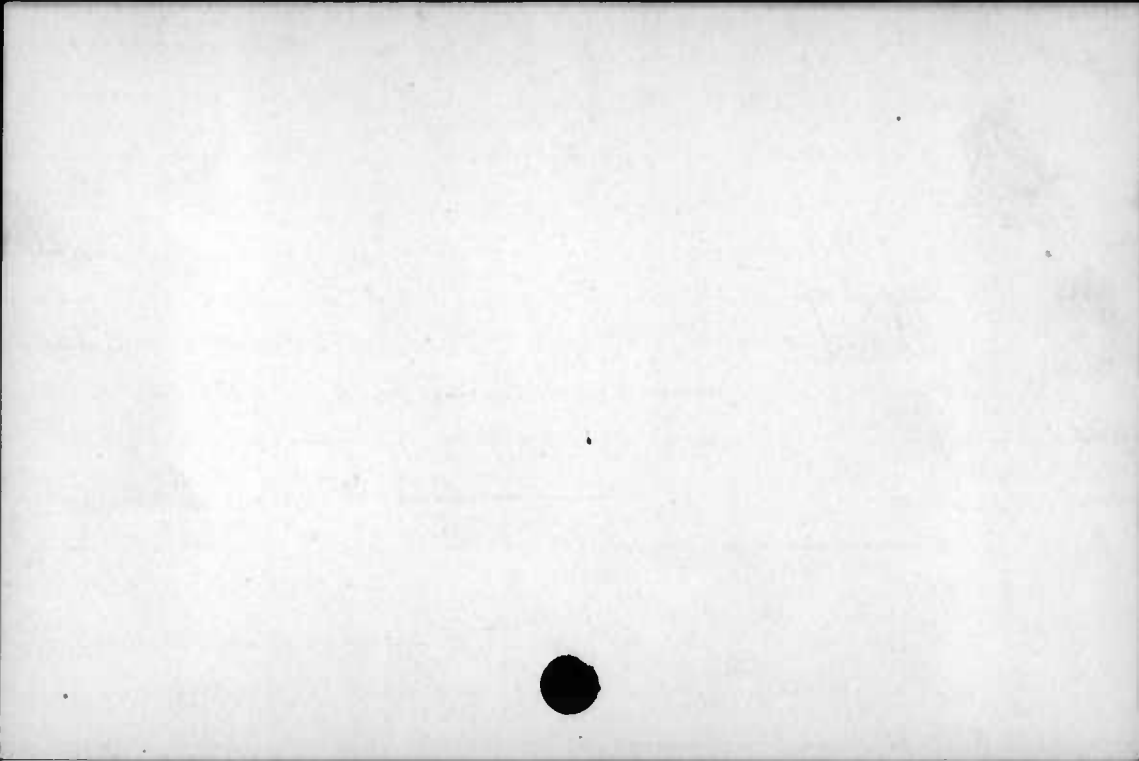
Signature of
Physician

Address

P. A. Hammond M.D.,
Jessup,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

John Collison

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mays

Anne Arundel

Date

Month

Day

Years

Months

Days

of death 1908

June

15

Age

72

Sex

Male

Color or
Race

White

Birth-
place

Talbot Co.

Occupation

Carpenter

Where Residing If not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Annie Corkran

Father's
Name

William Collison

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Katherine Sewell

Mother's
Birthplace

Talbot Co.

Name of person giving
In formation

William Collison

How related
to deceased

Nephew

CAUSES OF DEATH

106

Primary

Chronic Intestinal Catarrh

How long

2 years

Immediate

Dysentery

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

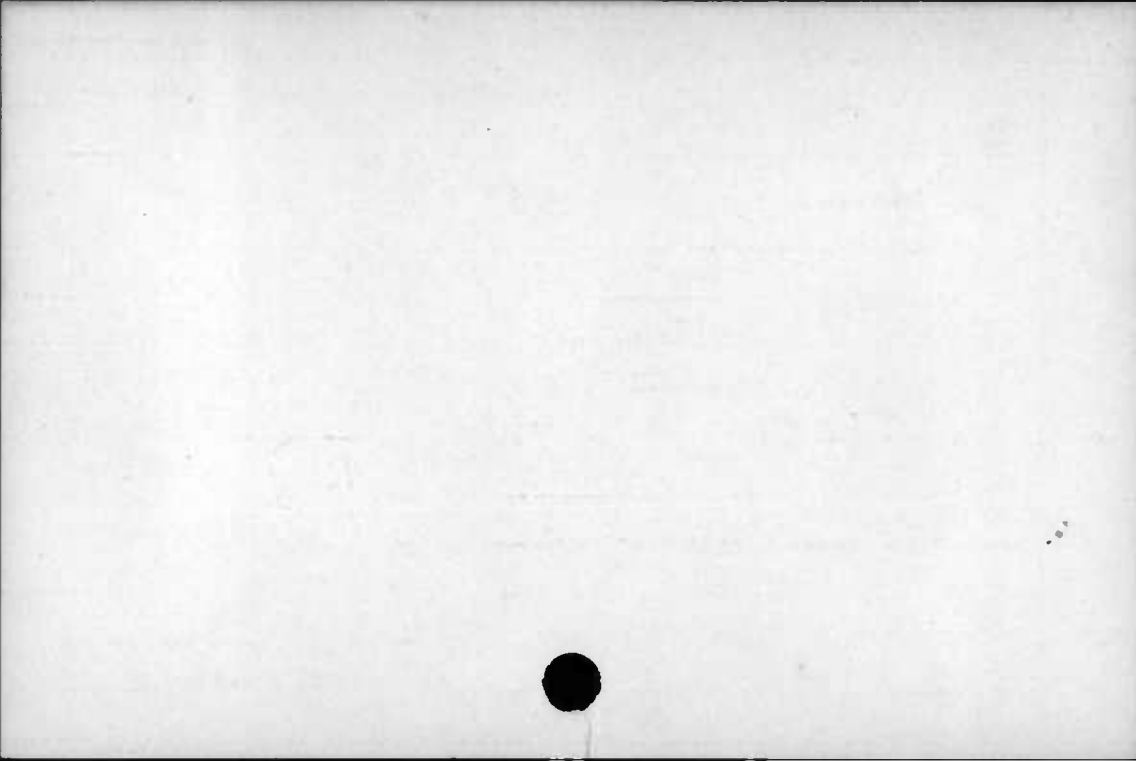
John Collison

Address

South River Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth H. Hodson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Oman*

Date

Month

Day

Years

Months

Days

of death *1908 June 4*

Age

68

Sex

Female

Color or
Race

White

Birth-
place

A A Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Robt. H. Hodson

Father's
Name

Wm Carter

Father's
Birthplace

A A Co Md

Mother's
Maiden Name

Caroline Cross

Mother's
Birthplace

A A Co Md

Name of person giving
In formation

Oman Hodson

How related
to deceased

Love

CAUSES OF DEATH

64

Primary

Apoplexy

How long

12 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. B. Gault

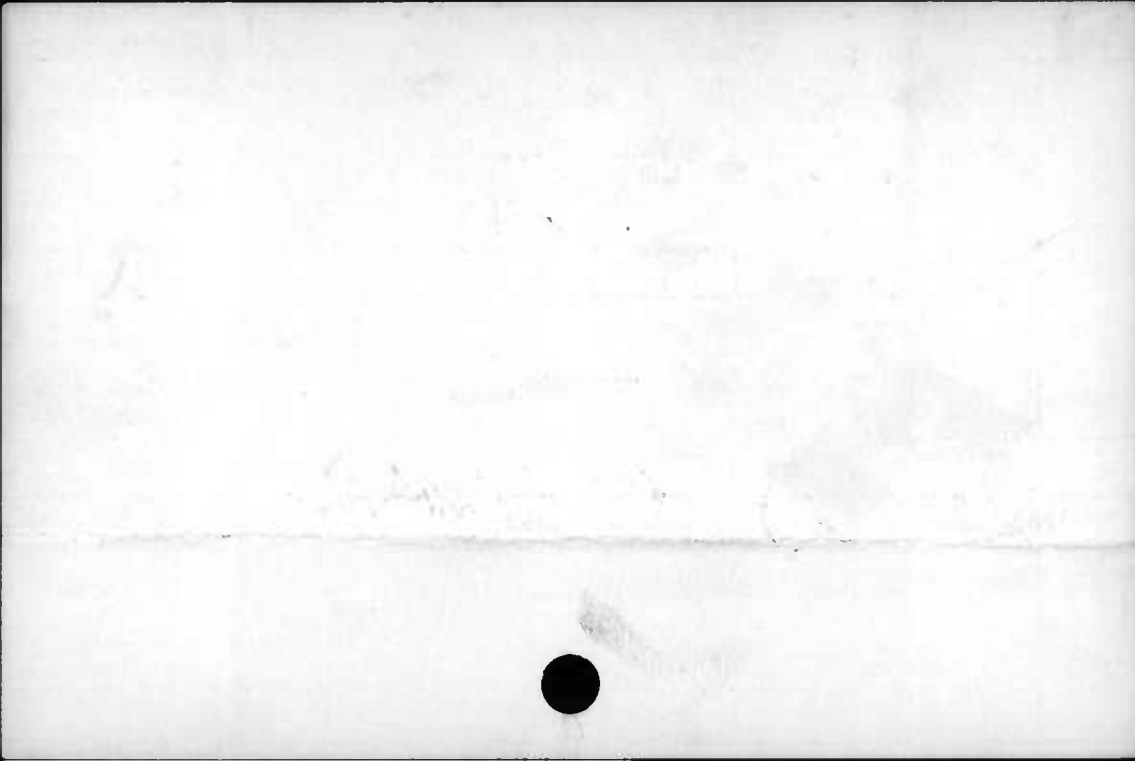
Address

Wilmington Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

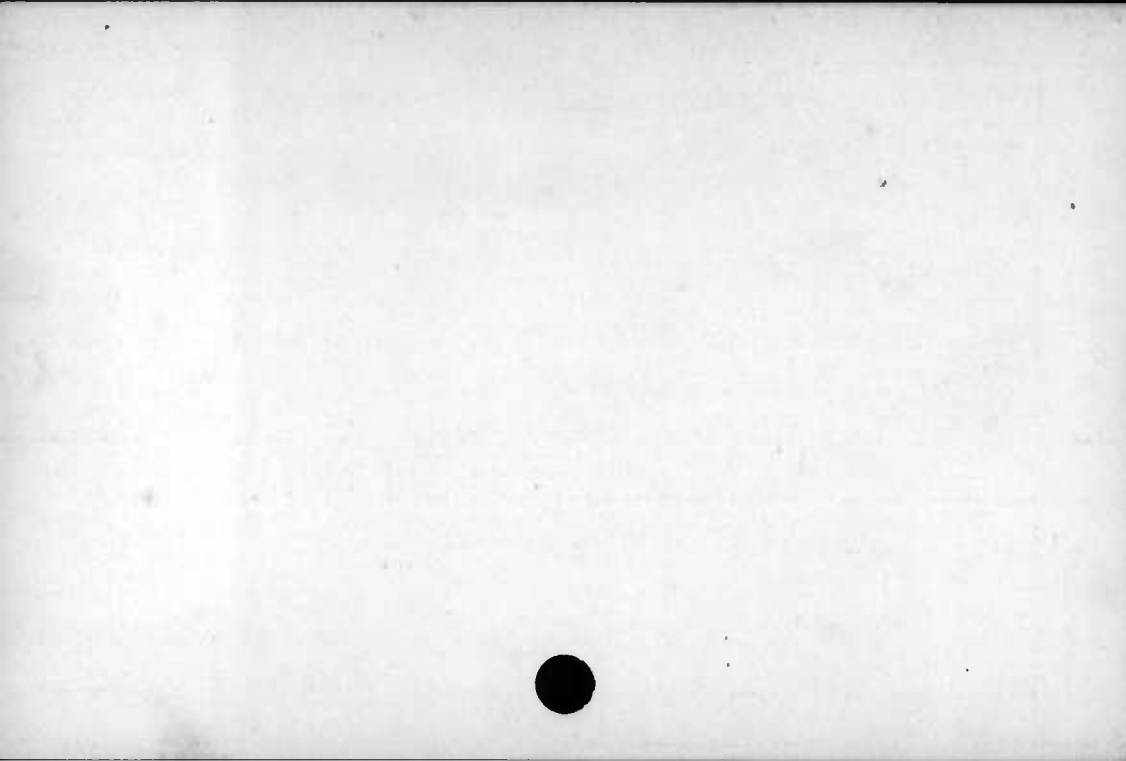
Name in Full <i>Elsie Dorsey</i>		Town <i>Annapolis</i>		County <i>A.</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Date of death <i>1908 June 21</i>		Age <i>—</i>		Months <i>4</i> Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>i Block St</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Dorsey</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Luzana Smith</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Luzana Dorsey</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout</i>	
Accident or Suicide?		Address	
		<i>Annapolis Md</i>	



Name
in
Full

Walter Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

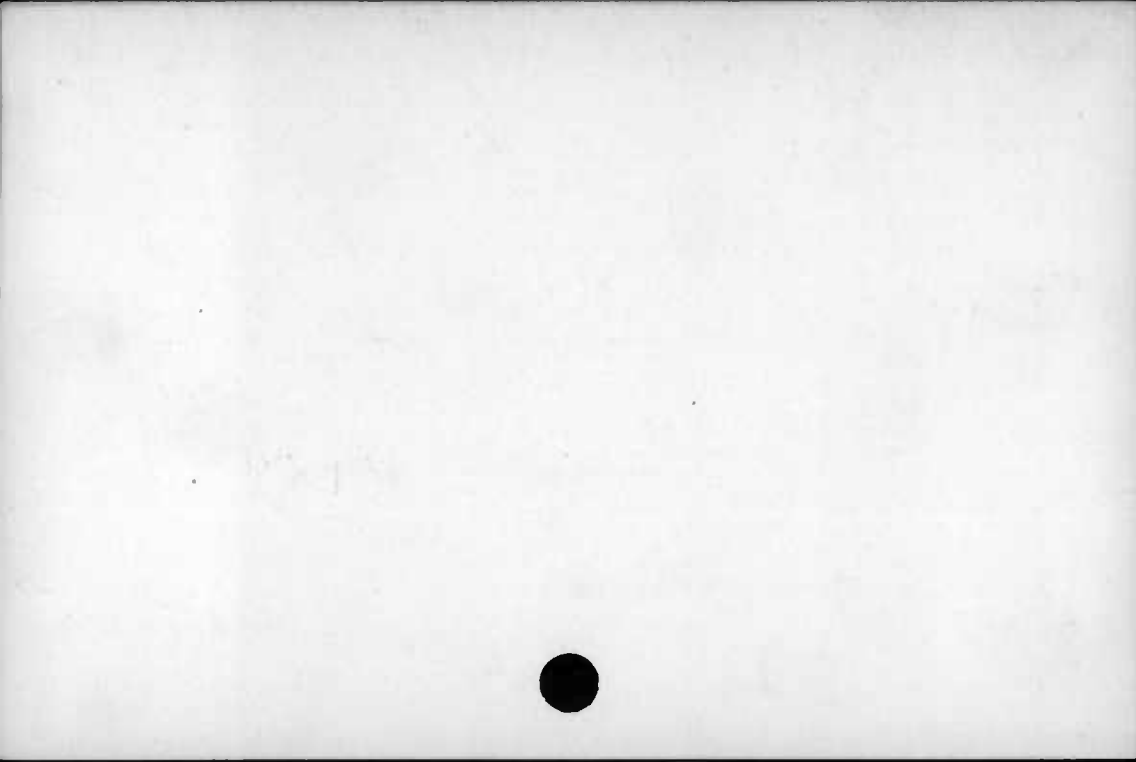
Died at <i>Head of Rock Creek</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>15</i>	Age <i>-</i>	Years <i>-</i>	Months <i>3 mo</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>A.A.Co.</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>William Edwards</i>				Father's Birthplace <i>A.A.Co.</i>			
Mother's Maiden Name <i>Annie Brooks</i>				Mother's Birthplace <i>A.A.Co.</i>			
Name of person giving information <i>William Edwards</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Summer Complaint</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>James S. Bellingshaw</i>
		Address <i>Armiger</i>
Accident or Suicide?	<i>No</i>	<i>Ma</i>



Name
in
Full

William James. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

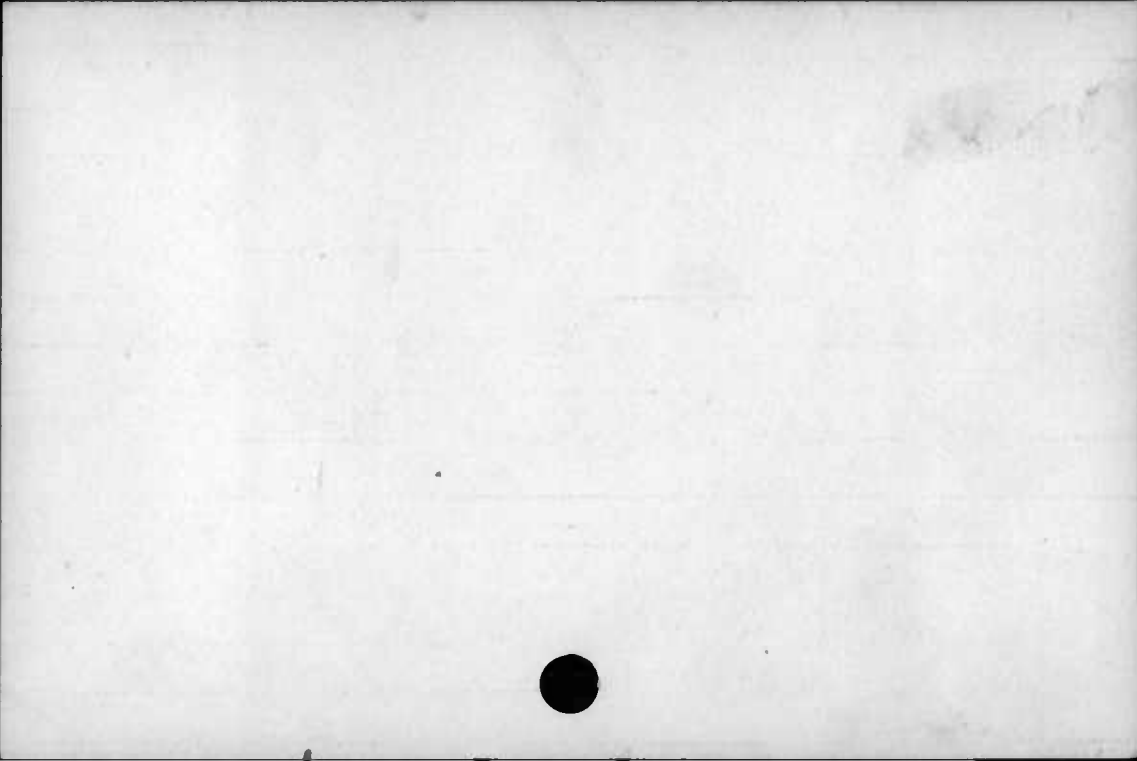
Died at <i>Annapolis</i>		<i>A.A.</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1908	June	28	22		
Sex	Color or Race		Birth-place		
M	White		Payne Ohio		
Occupation			Where Residing if not at place of death		
Marine			Mary		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
John Evans			Unknown		
Mother's Maiden Name			Mother's Birthplace		
Unknown			Unknown		
Name of person giving information			How related to deceased		
Mary Record					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	<i>L. M. Schmidt, Asst Surg.</i>
	Address
	<i>U.S.A.</i>
Accident or Suicide?	



Name
in
Full

Michael Fedo

CERTIFICATE OF DEATH

19

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *So. Balti* ^{Town}*A A* ^{County}Date of death *1908 June*

Month

Day

Age *21* Years *6*Months *9*

Days

Sex *Male*Color or
Race*white*Birth-
place*Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James Fedo*Father's
Birthplace*Germany*Mother's
Maiden Name*Lena, Graliska*Mother's
Birthplace*Russia*Name of person giving
Information*James Fedo*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

1 week

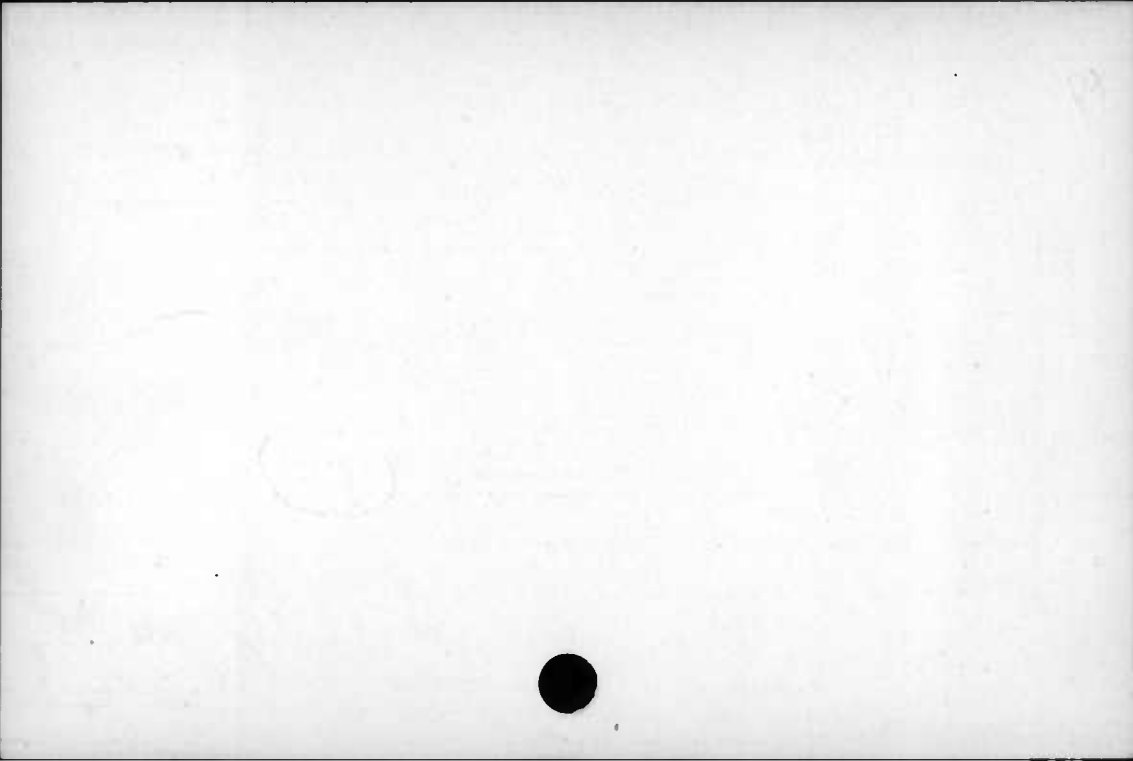
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Thos B P Horton Md
So. Balt, Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *So. Balti.* ^{town} *AA* ^{County}Date of death *1908* ^{Month} *June* ^{Day} *1* ^{Years} *1* ^{Months} *9* ^{Days} *1*Sex *Female.* Color or Race *white* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Stephen Foraker.* Father's Birthplace *Russia*Mother's Maiden Name *Yodarka Marviana* Mother's Birthplace *"*Name of person giving information *Stephen Foraker.* How related to deceased *Father*

CAUSES OF DEATH

Primary *Entero Colitis* ^{How long} *2 days.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

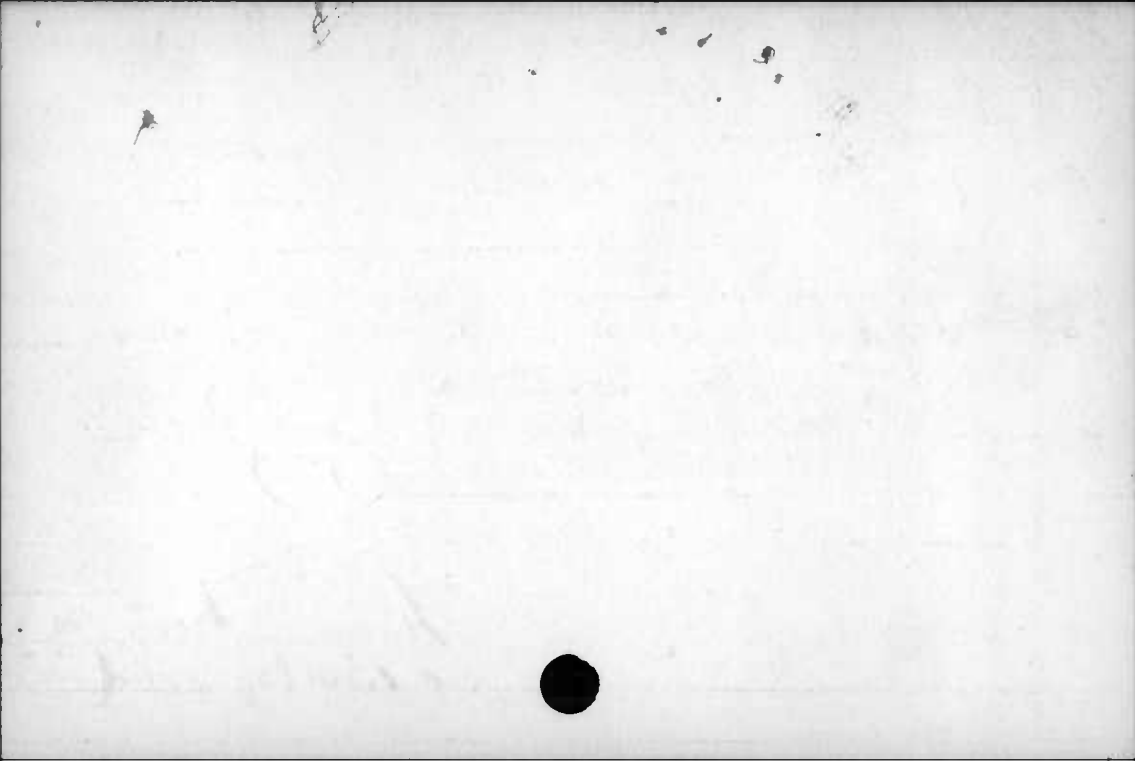
Signature of Physician

Address

J. B. Horton M.D.
So. Balt., Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Grayson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

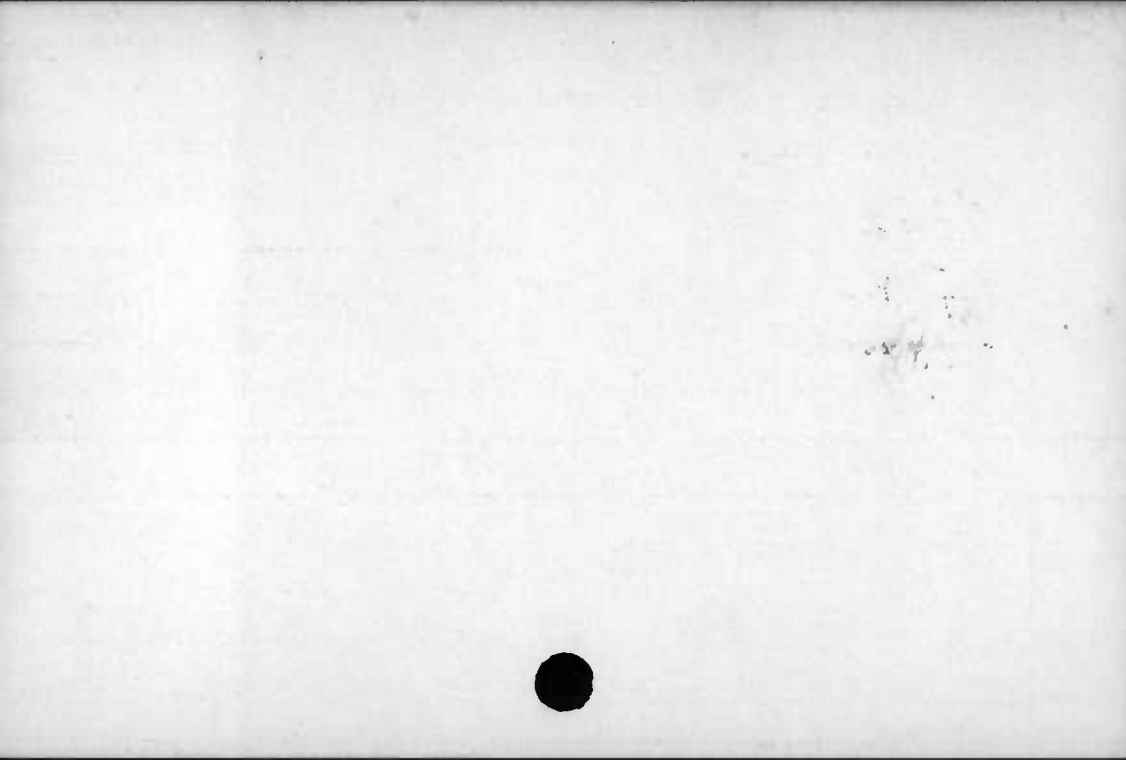
Died at <i>South River</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1908	Month	June	Day	8
Age	73	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Anne Arundel Co.
Occupation	Laborer		Where Residing If not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Priscilla Landis		
Father's Name	Jacob Grayson		Father's Birthplace	Anne Arundel Co.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Thomas Dargatz		How related to deceased	Son-in-law	

CAUSES OF DEATH

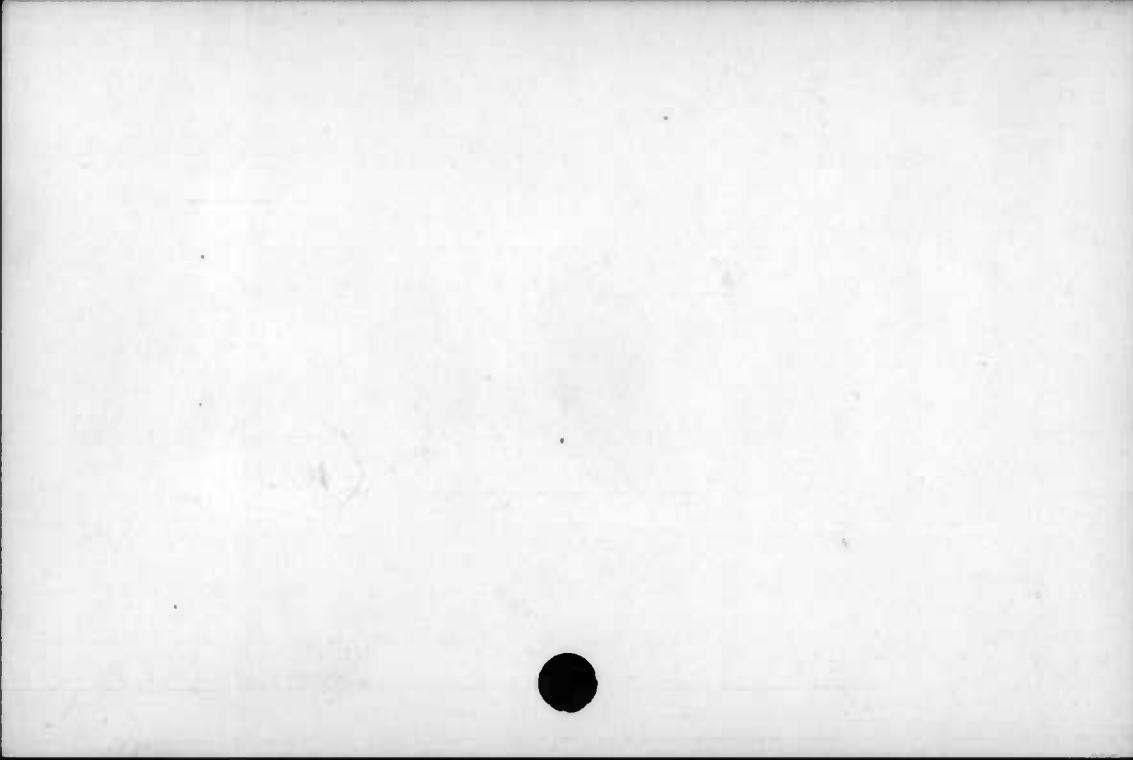
66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 years
Immediate	Coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Collins
		Address	South River
Accident or Suicide?			Not



Name in Full		Geo W Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Camp Parole		A. A.		MARYLAND		
	Date of death	1908	Month	June	Day	5	Age	28
	Sex	Male		Color or Race	White		Birth-place	Pennsylvania
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. Green			
	Father's Name	Unknown				Father's Birthplace		
	Mother's Maiden Name	Unknown				Mother's Birthplace		
Name of person giving information	Jerry J Smith				How related to deceased	None		
<div style="display: flex; justify-content: space-between;"> <div> CAUSES OF DEATH </div> <div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">166</div> </div> </div>								
PHYSICIAN OR CORONER	Primary	Railroad accident					How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	John N. Davis
	Address						Coroner	Annapolis, Md
Accident or Suicide?	Accident							



Name
in
Full

Mary E. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

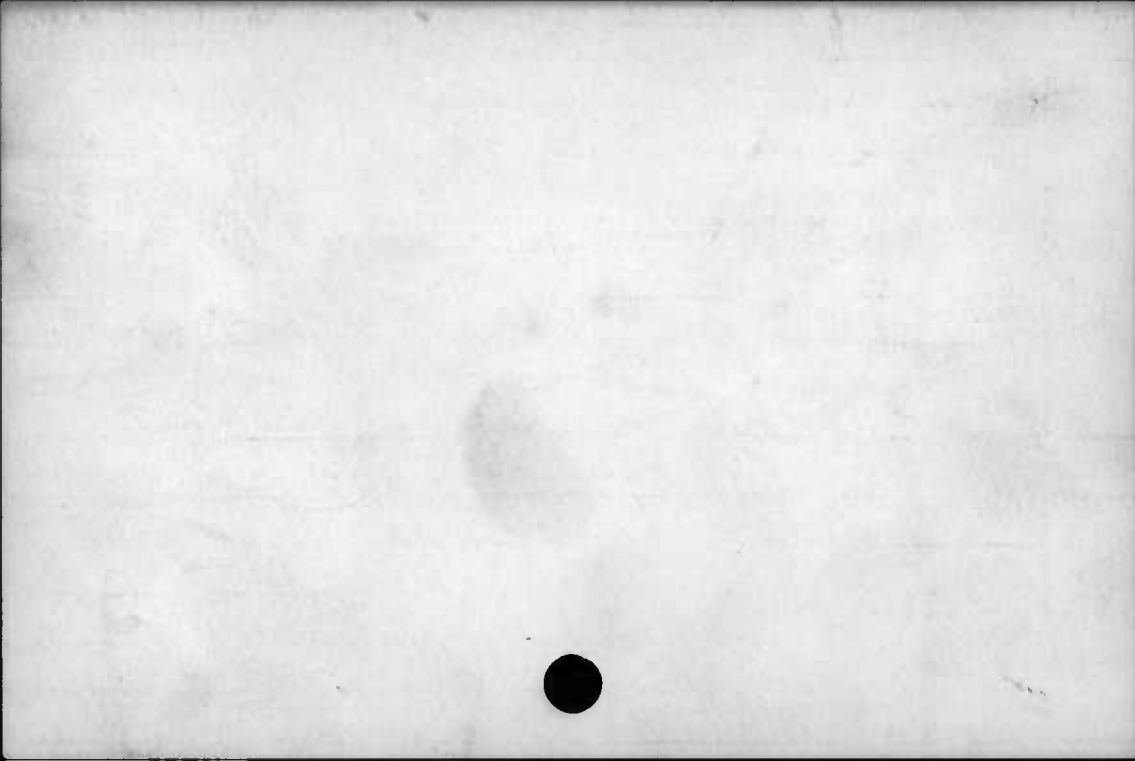
Died at <u>Camp Parole</u> <small>Town</small>		<u>Anne Arundel City</u> <small>County</small>		MARYLAND	
Date of death	1908	Month	June	Day	5th
Age	30	Years		Months	7
Sex	Female	Color or Race	White	Birth-place	Philadelphia
Occupation			Where Residing if not at place of death <u>Camp Parole</u>		
Married, Single or Widowed	married	Name of Wife or Husband	Geo. W. Green Jr.		
Father's Name	Wm E. Chambers			Father's Birthplace	Philadelphia
Mother's Maiden Name	Annie J. Whiteside			Mother's Birthplace	Philadelphia
Name of person giving information	Wm. E. Chambers			How related to deceased	Father

CAUSES OF DEATH

166

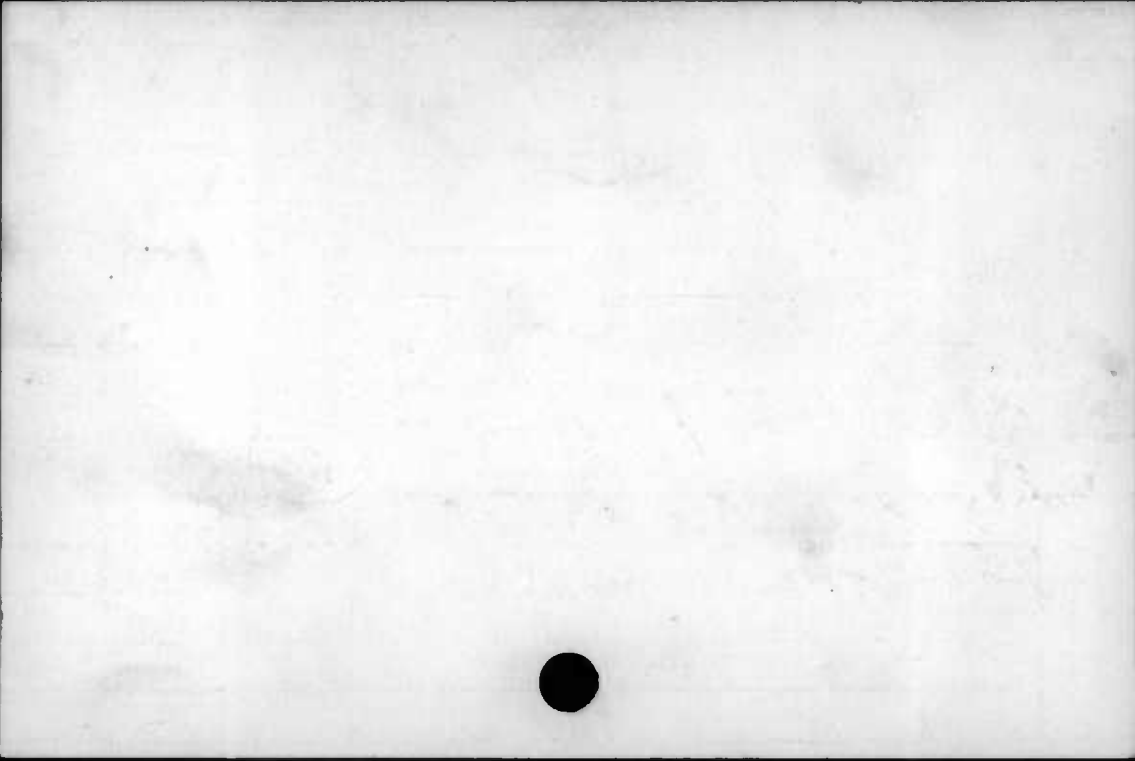
PHYSICIAN
OR CORONER

Primary	<u>accident on Railroad</u>	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>John H. Davis</u>
		Address <u>Annapolis Md</u>
Accident or Suicide?		

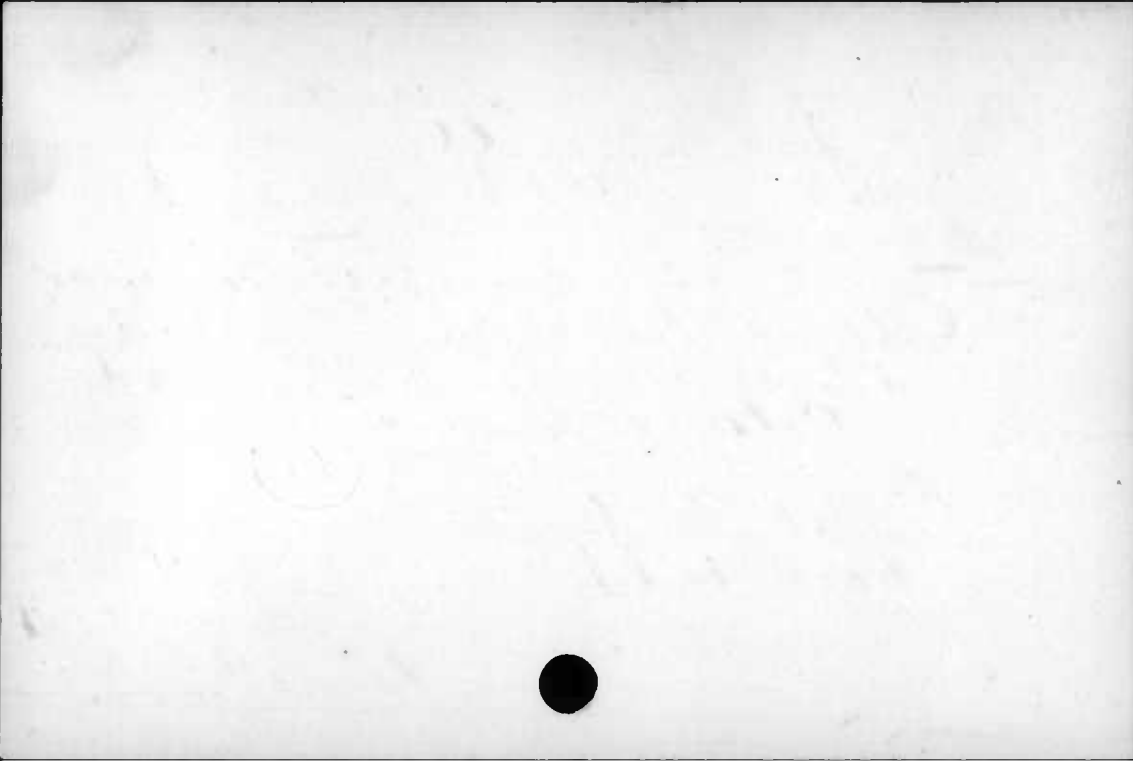


Name in Full		Dan Hall				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Linthicum		County Anne Arundel		MARYLAND			
	Date of death	1908	Month June	Day 7	Age 40	Years	Months	Days	
	Sex	Male		Color or Race	Colored		Birth-place	Not Known	
	Occupation	Laborer			Where Residing if not at place of death		Pumphreys Al Co		
	Married, Single or Widowed	Married		Name of Wife or Husband		Not Known			
	Father's Name	Not Known				Father's Birthplace	Not Known		
	Mother's Maiden Name	Not Known				Mother's Birthplace	Not Known		
Name of person giving information	Sverdrup Luthier				How related to deceased	None			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary					How long	166		
	Immediate	Killed by being struck by a Electric R.R. Accident				How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Sverdrup Luthier		
	Accident or Suicide?	Accident				Address	Weelauer and J.B.		

Name in Full Helen M. Hall		CERTIFICATE OF DEATH	
Town Annapolis		County Anne Arundel MARYLAND	
Died at Annapolis		Date of death 1908 June 8	
Month June		Day 8	
Age 5		Years 2	
Sex Female		Color or Race Colored	
Occupation 		Birth-place City	
Where Residing if not at place of death 10 Monument St.			
Married, Single or Widowed 		Name of Wife or Husband 	
Father's Name Jessie Hall		Father's Birthplace A. A. Co.	
Mother's Maiden Name Mary Johnson		Mother's Birthplace A. A. Co.	
Name of person giving information Mary Johnson		How related to deceased Wife	
CAUSES OF DEATH			
Primary Gastro-Enteritis		How long Several days	
Immediate Exhaustion		How long Gradual	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Ridout	
		Address Annapolis Md.	
Accident or Suicide? 			



Name in Full John R. Hancock		CERTIFICATE OF DEATH	
Died at Solley Town		a. a. County	
Date of death 1908 Month June Day 25 Age 66 Years Months Days		MARYLAND	
Sex Male Color or Race White Birth-place md			
Occupation Farmer Where Residing if not at place of death —			
Married, — Name of Wife or Elizabeth Hancock			
Father's Name Orlando Hancock Father's Birthplace md			
Mother's Maiden Name Elizabeth Moore Mother's Birthplace md			
Name of person giving information Orlando Hancock How related to deceased Son			
CAUSES OF DEATH			
Primary General Paralysis How long One month			
Immediate Heart Failure How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. P. Horton MD	
		Address Do. Balto, Md.	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

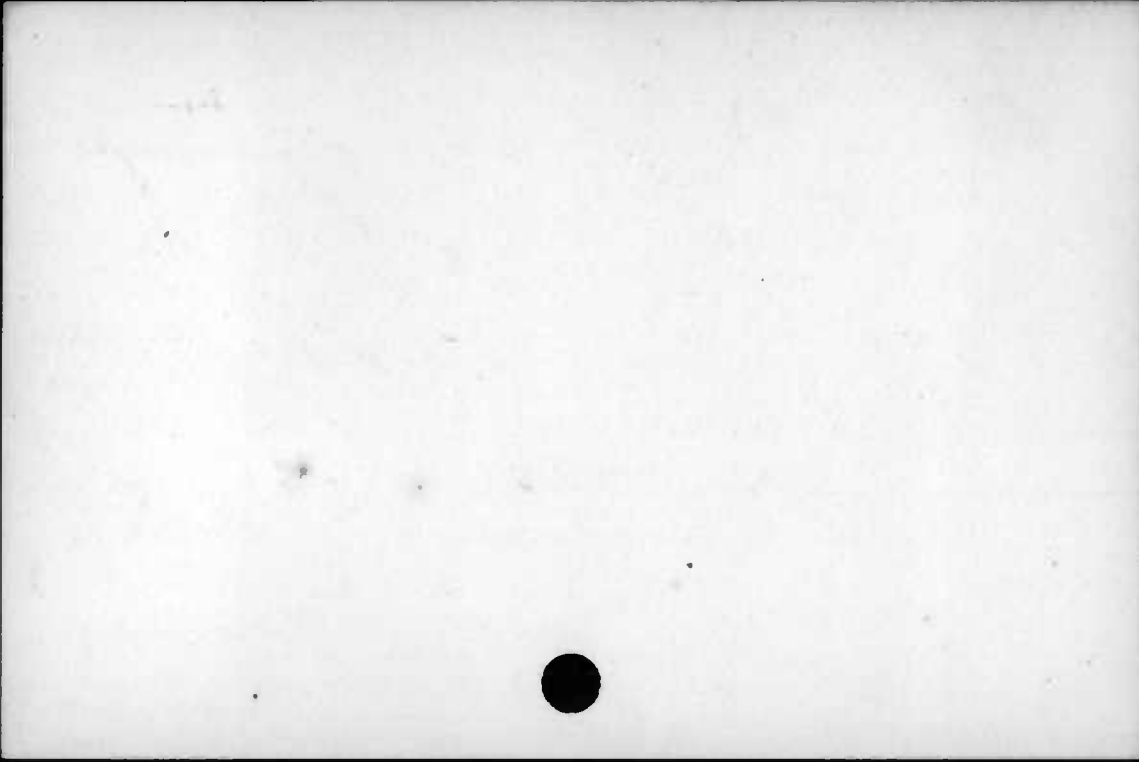
Name <i>Josephine Holland</i>		Town <i>Robtson</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Robtson</i>		Month <i>June</i>		Day <i>22</i>		Years <i>28</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>22</i>		Age <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Anne Arundel Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Holland</i>					
Father's Name <i>John L. Lannan</i>		Father's Birthplace <i>Anne Arundel Co.</i>					
Mother's Maiden Name <i>Lizzie Kearell</i>		Mother's Birthplace <i>Anne Arundel Co.</i>					
Name of person giving In formation <i>David Holland</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellinger M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Susan T. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

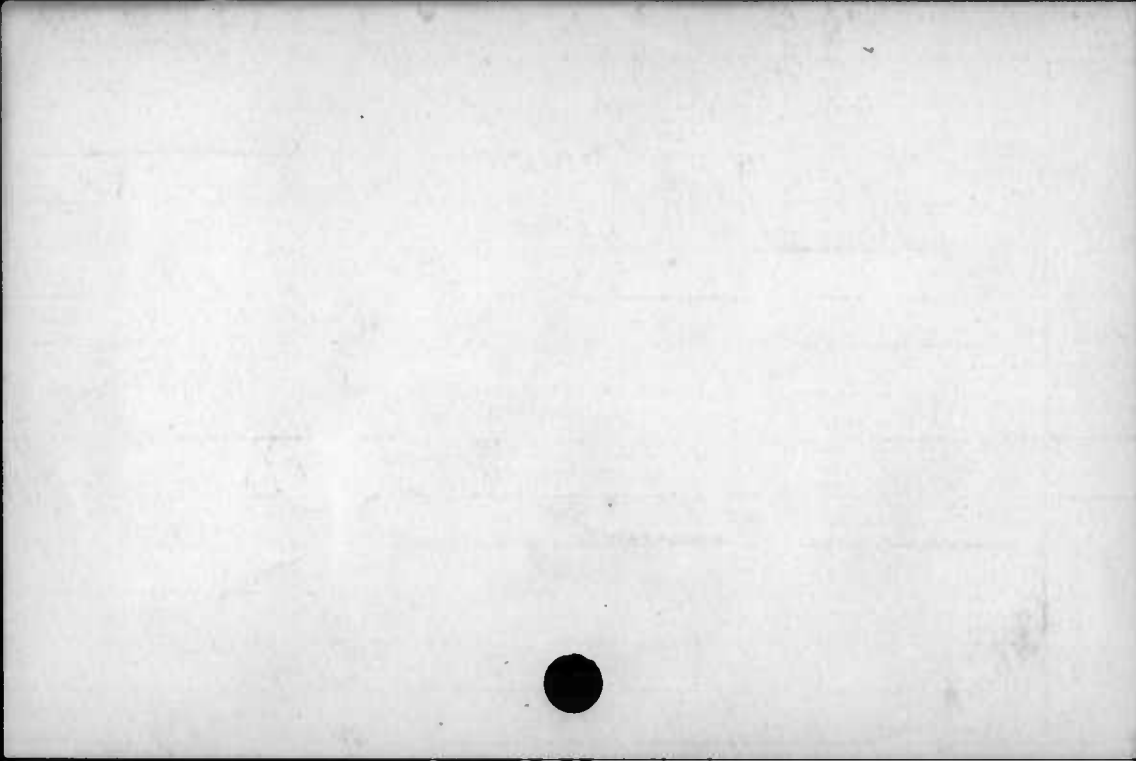
Died at <u>Davidsonville</u>		Town <u>A. A.</u>		County		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>4</u>	Age <u>65</u>	Years	Months <u>2</u>	Days <u>16</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Prince George Co</u>				
Occupation <u>Undertaker</u>	Where Residing if not at place of death <u>Davidsonville</u>						
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mc Guey Horner</u>						
Father's Name <u>E. Duvall</u>	Father's Birthplace <u>Ind.</u>						
Mother's Maiden Name <u>Mary E. Fitzgerald</u>	Mother's Birthplace <u>Ind.</u>						
Name of person giving information <u>Son</u>	How related to deceased <u>wife</u>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Central Hemorrhage</u>	How long <u>54 hrs.</u>
Immediate <u>do.</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>B. R. Davidson</u>
	Address <u>Davidsonville, Maryland.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm Hunt

Town

County

MARYLAND

Died at *St. Margaret*

A A

Date

Month

Day

Years

Months

Days

of death

1908

June

20

Age

12

10

9

Sex

Male

Color or
Race

Colored

Birth-
place

St Margaret

Occupation

Assisted transfer on farm

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Solomon Hunt

Father's
Birthplace

St Margaret

Mother's
Maiden Name

Eleanor Harrod

Mother's
Birthplace

St. Margaret

Name of person giving
In formation

Solomon Lucas

How related
to deceased

Cousin

CAUSES OF DEATH

172

Primary

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Z. D. Ridout

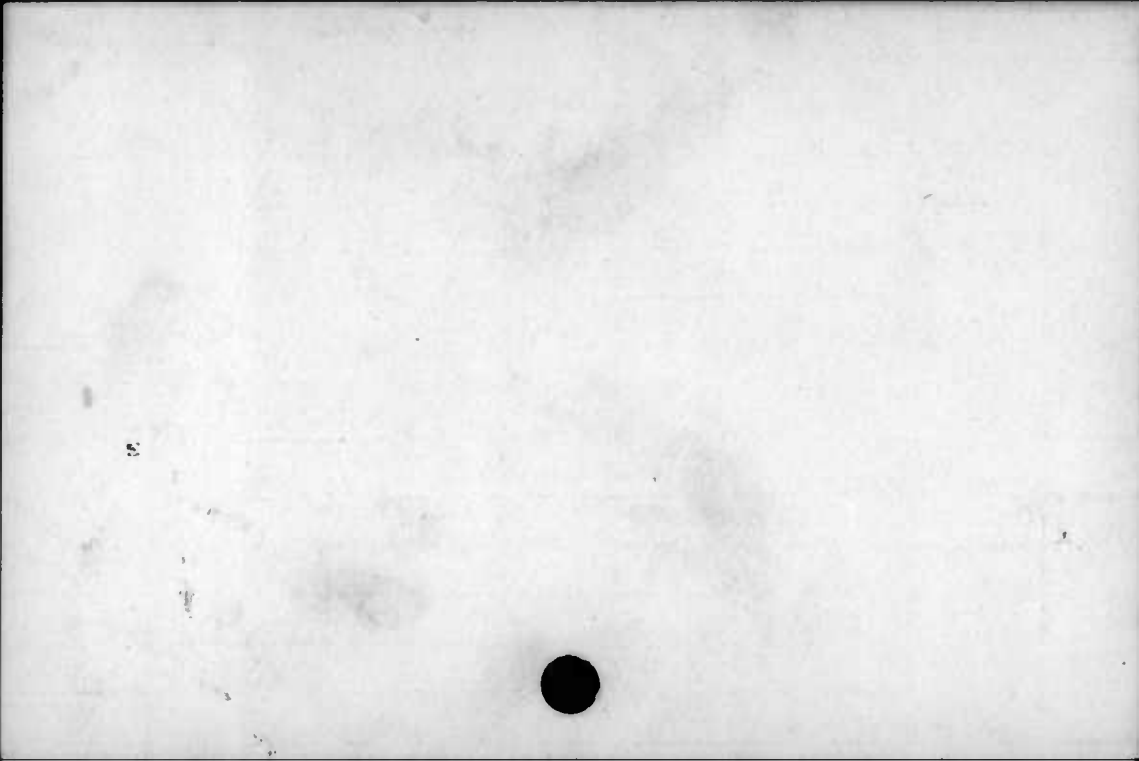
Annapolis Md.

Rt. No 1

Accident or Suicide?

Accident

Physician or Coroner



Name
in
Full

CERTIFICATE OF DEATH

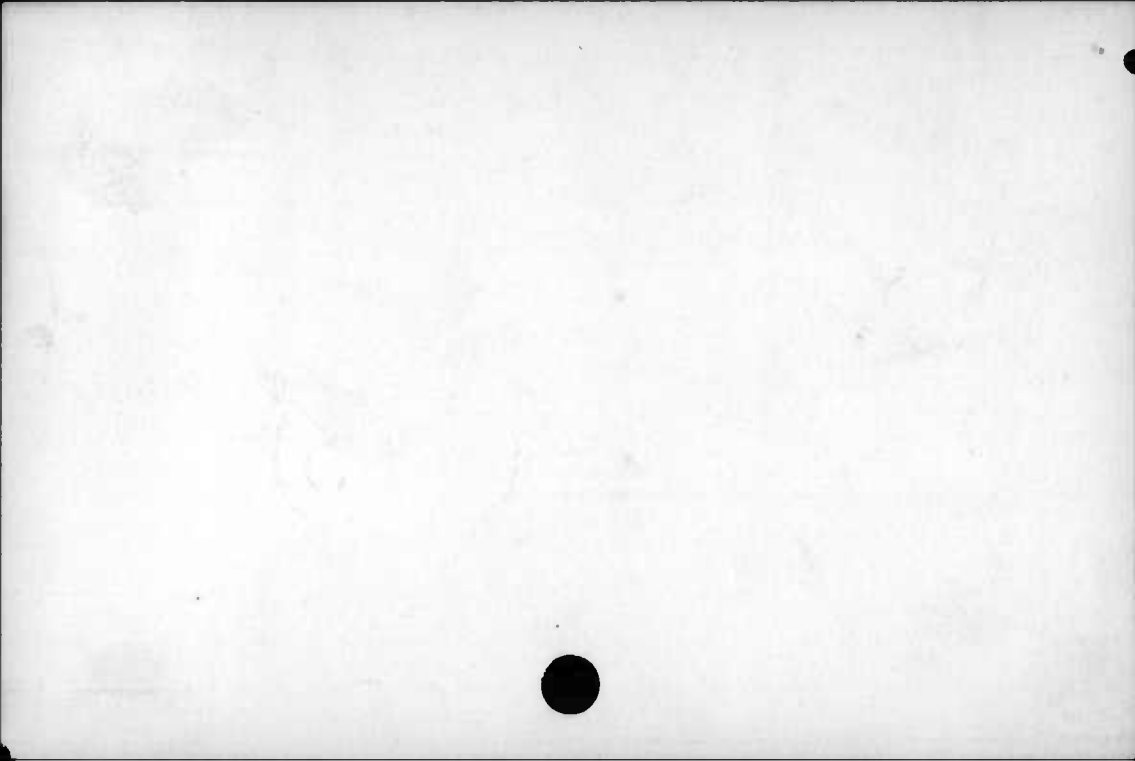
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County A.A.		MARYLAND	
Date of death		Month 8 June	Day 19	Age —		Years —	Months —
Sex Female		Color or Race Colored		Birth-place Annapolis			
Occupation Unknown		Where Residing if not at place of death 28 Calvert St.					
Married, Single or Widowed Single		Name of Wife or Husband Unknown					
Father's Name John Ireland		Father's Birthplace West River Md.					
Mother's Maiden Name Rachel McEowan		Mother's Birthplace West River Md.					
Name of person giving information John Ireland		How related to deceased Father					

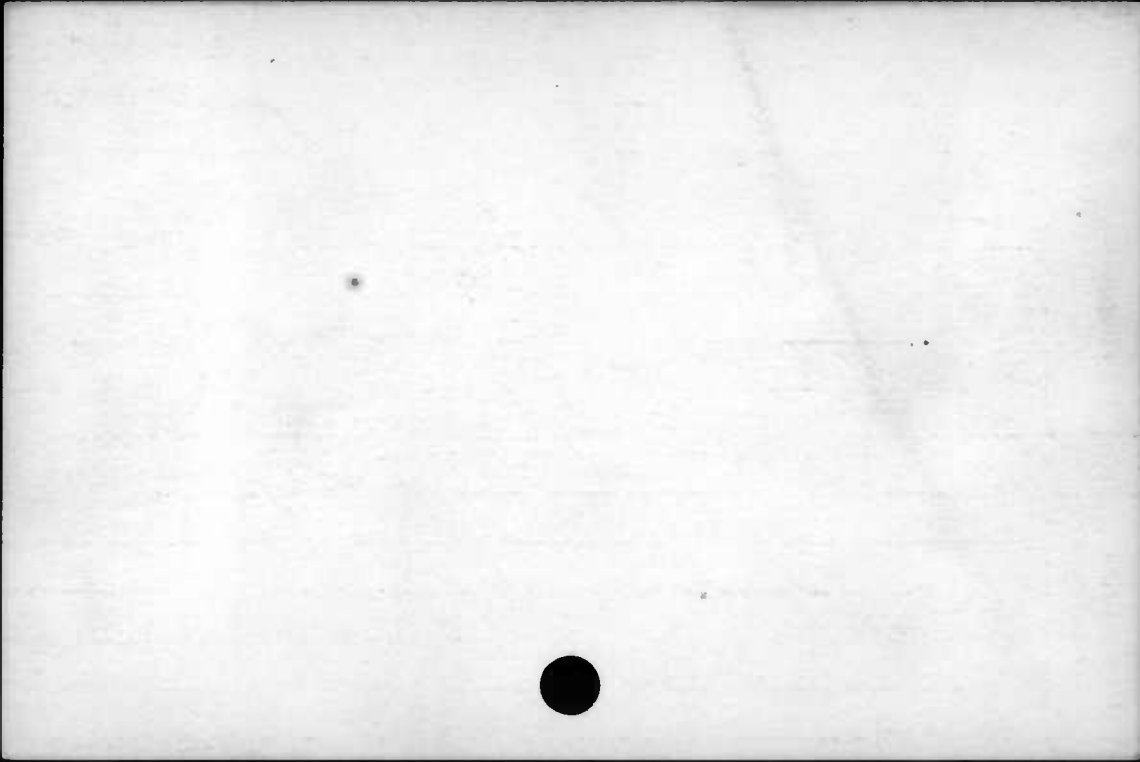
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born (unknown)	How long	5
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
		60 Cathedral St.	
		Annapolis Md.	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
Harry Jacobs		Annapolis				Anne Arundel		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1908		June		6	20						
Sex		Color or Race		Birth-place							
male		white		Baltimore Md							
Occupation		Where Residing if not at place of death									
Junk Business		Emergency Hospital Annapolis									
Married, Single or Widowed		Name of Wife or Husband									
Single											
Father's Name		Father's Birthplace									
Abraham Jacobs		Russia Poland									
Mother's Maiden Name		Mother's Birthplace									
Fanny Glanert		Russia Poland									
Name of person giving information		How related to deceased									
Baron Jacobs		Brother									
CAUSES OF DEATH											
Primary		How long									
Fracture Skull Rail Road accident		June 5 1908									
Immediate		How long									
Shock & Cardiac Failure		about 24 hrs June 6 1908									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
yes		Walton H. Hopkins M.D.									
		Address									
		Annapolis Md									
Accident or Suicide?											
Accident											



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

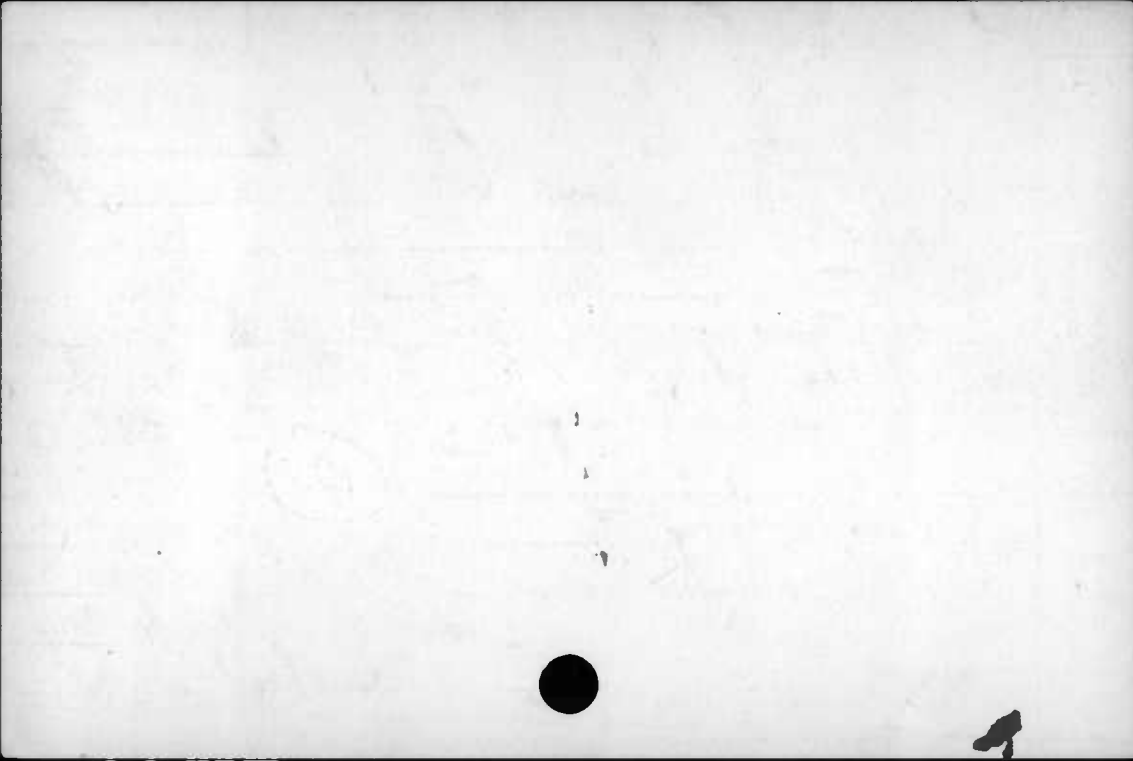
Name in Full 13 <i>Amie Jefferson</i>		Town <i>Brooklyn</i>		County <i>A</i>	
Died at		Date of death		Age	
<i>Brooklyn</i>		<i>1908 June 10</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Batts, Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Jefferson</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eva Shultz</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Albert Jefferson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary Cause <i>Cholera Infantum</i>	How long <i>one week</i>
	Immediate Cause	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. B. & Norton M.D.</i>
		Address <i>E. Batts, Md</i>

Accident or Suicide?



Name
in
Full

Christopher Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

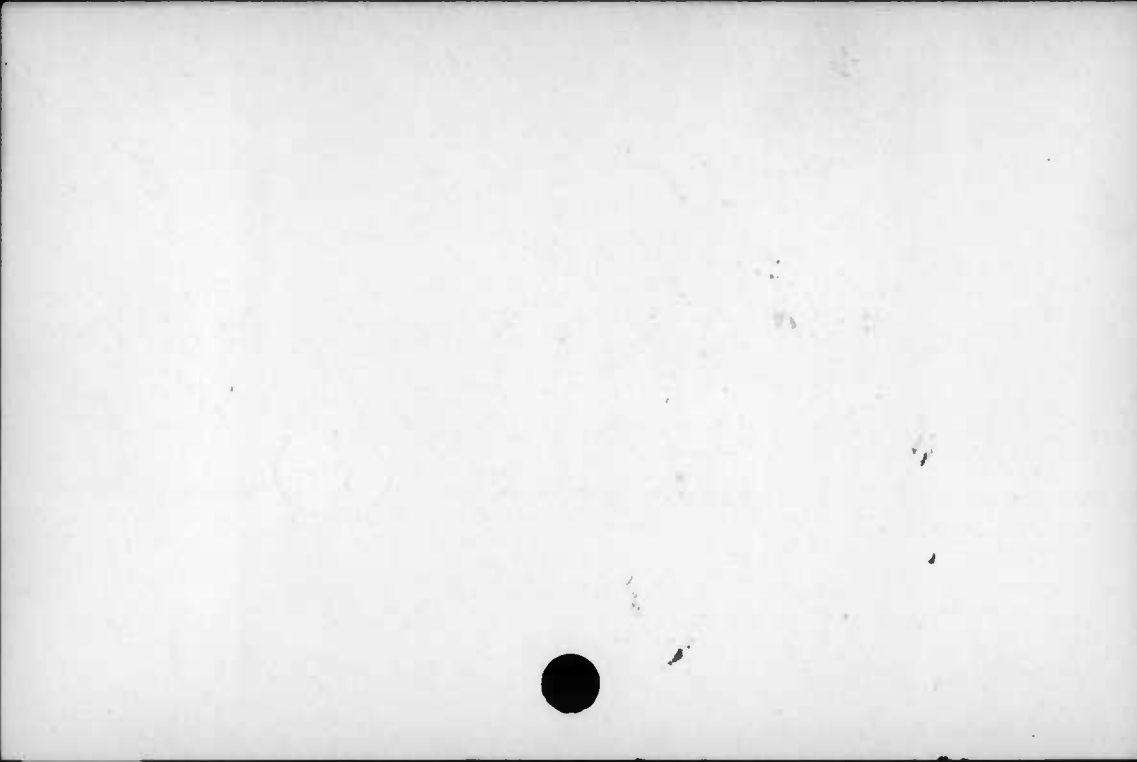
Died at <i>Magothy</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>78</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Cratter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Delia Johnson</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Columbus Kers</i>		How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Acute Dysentery</i>	How long	<i>Six days</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James S. Bellingslee M.D.</i>
		Address	<i>Armiger Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{near} *Annapolis* ^{Town} *Anne Arundel* ^{County}Date of death *1908 June 20* ^{Month} ^{Day} ^{Age} ^{Years} *21* ^{Months} *7* ^{Days} *18*Sex *Male* Color or Race *White* Birth-place *Litchfield, Minn.*Occupation *Coxswain, U. S. N.* Where Residing if not at place of death *U. S. S. Severn*Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Unknown* Father's Birthplace *unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *unknown*Name of person giving information *Naval records* How related to deceased _____

CAUSES OF DEATH

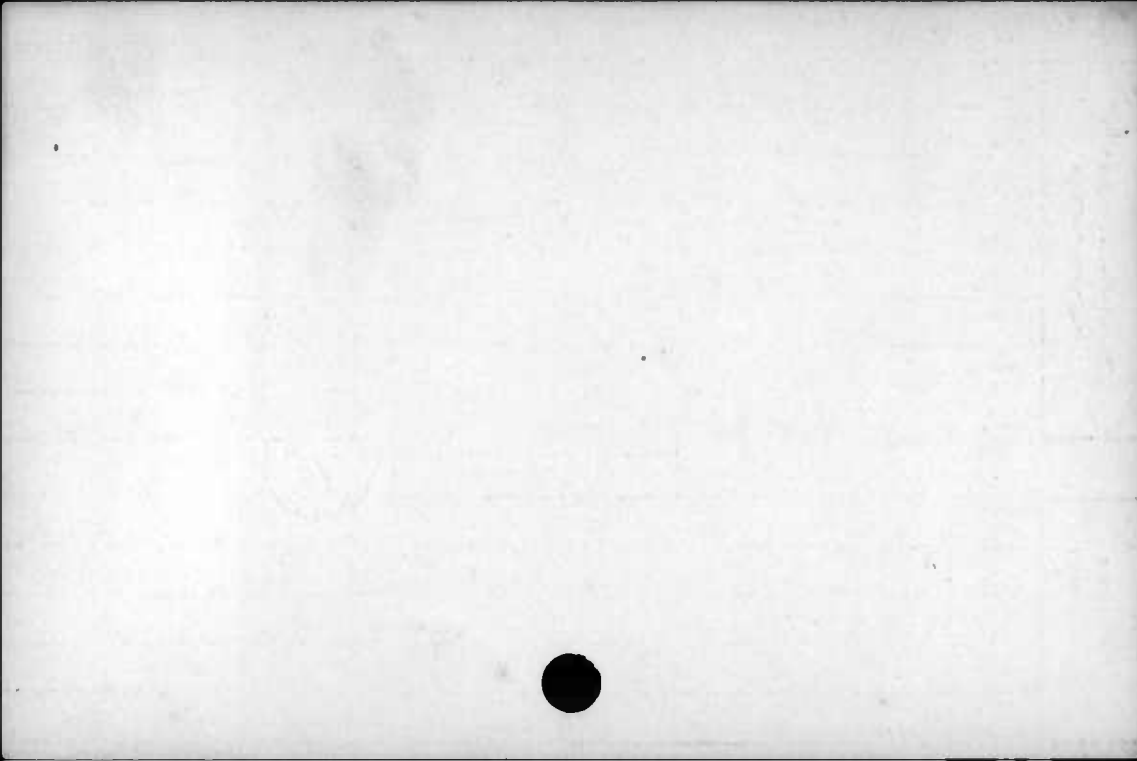
78

Primary *Malignant Endocarditis* How long *about 21 days.*

Immediate " " "

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. A. Chery, M. D.*Address *U. S. Naval Hospital,
Annapolis, Md.*

Accident or Suicide? _____



Name
in
Full

Theodore Johnson

CERTIFICATE OF DEATH

Died at *Narragansett Point*

Town

County

u a

MARYLAND

Date
of death *1908*

Month

6

Day

9

Age

Years

Months

11

Days

Sex

*male*Color or
Race*white*Birth-
place*u a*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm Johnson*Father's
Birthplace*Ma*Mother's
Maiden Name*Don't know*Mother's
Birthplace*—*Name of person giving
In formation*Armstrong Drugg Co*How related
to deceased*Nephew*

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 days

Immediate

How long

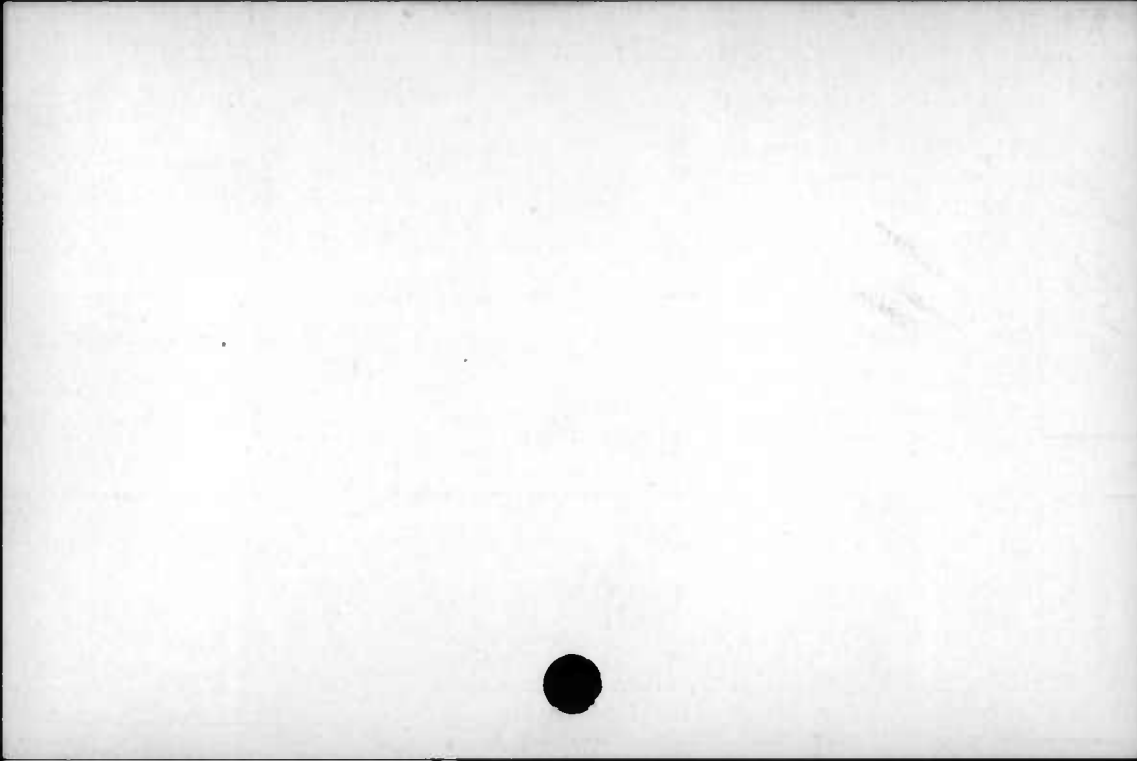
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas H Brooke*

Address

Brooklyn

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Archie G. Jones

Town

County

MARYLAND

Died at

Swinn

Anne Arundel

Date

1908

Month

6

Day

21st

Years

Age

22

Months

Days

Sex

male

Color or
Race

white

Birth-
place

near Odenton

Occupation

Night Track Walker

Where Residing if not
at place of death

Odenton

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jachariah P Jones

Father's
Birthplace

Prince Geo Co

Mother's
Maiden Name

Rachel A Jackson

Mother's
Birthplace

Odenton

Name of person giving
In formation

Edward Jones

How related
to deceased

Brother

CAUSES OF DEATH

Primary

extensive fractures of the skull and
long bones, and extensive injuries of the soft parts

How long

How long

Immediate

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Lester L. Disney

Address

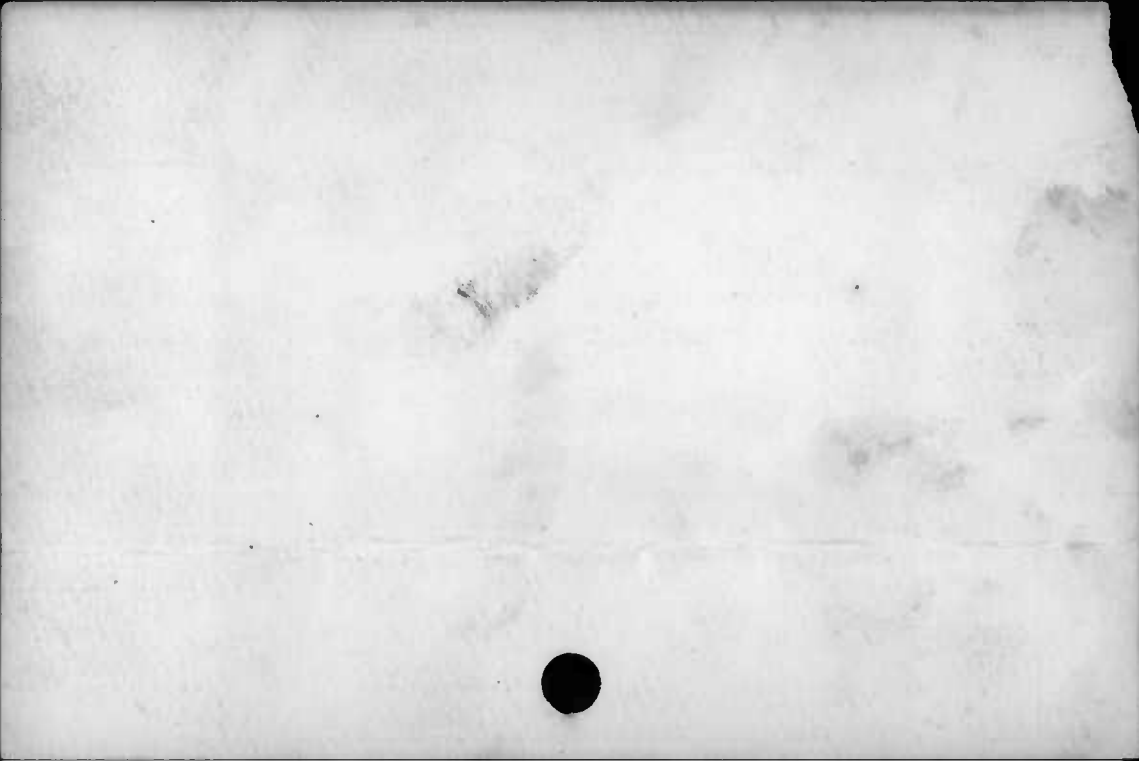
Odenton aaco Md

Accident or Suicide?

RR Accident

Justice of the Peace acts Coroner

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Linzey Jones

Town

County

MARYLAND

Died at

Odenton

Anne Arundel

Date

of death 1908

Month

6

Day

24

Age

Years

22

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Not known

Occupation

Rail Road Laborer

Where Residing if not
at place of death504 Blum st
Baltimore CityMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
Information

Thom

How related
deceased

Not any

CAUSES OF DEATH

Primary

169

How long

Immediate

Sunstroke

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

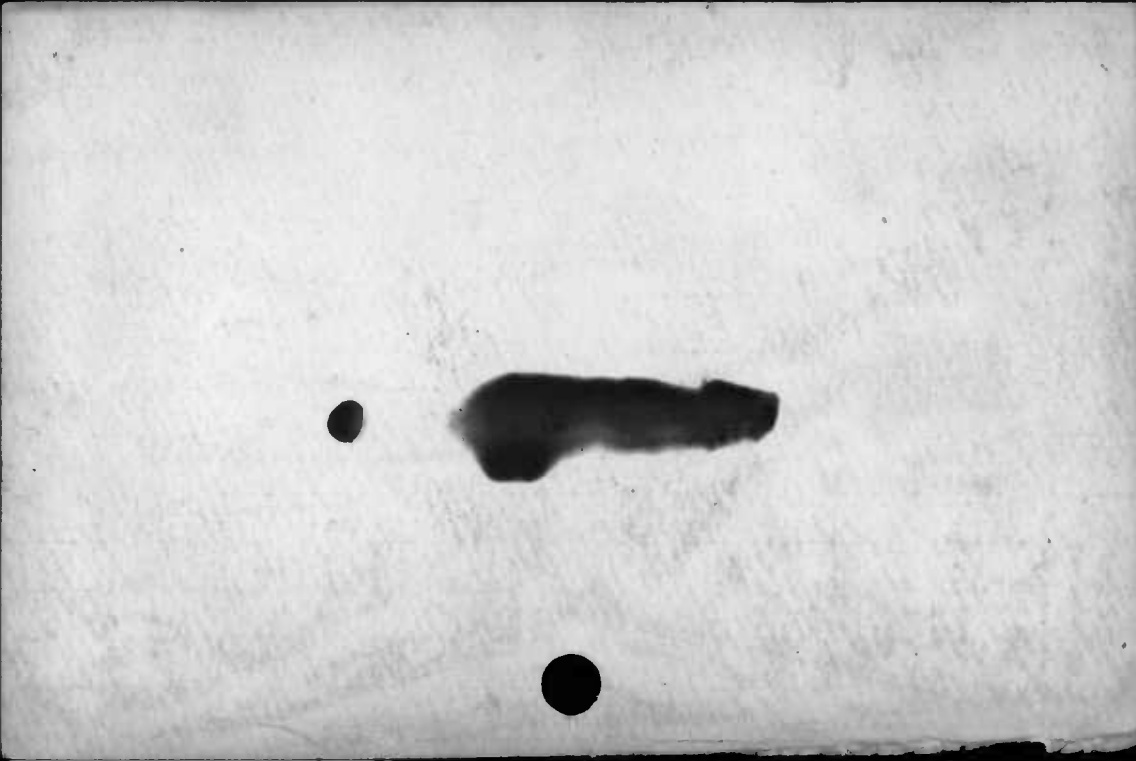
Lester L. Disney

Address

Odenton A. & Co.

Atty. General

Accident or Suicide?



Name
in
Full

Nicholas Hellman

RECEIVED

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

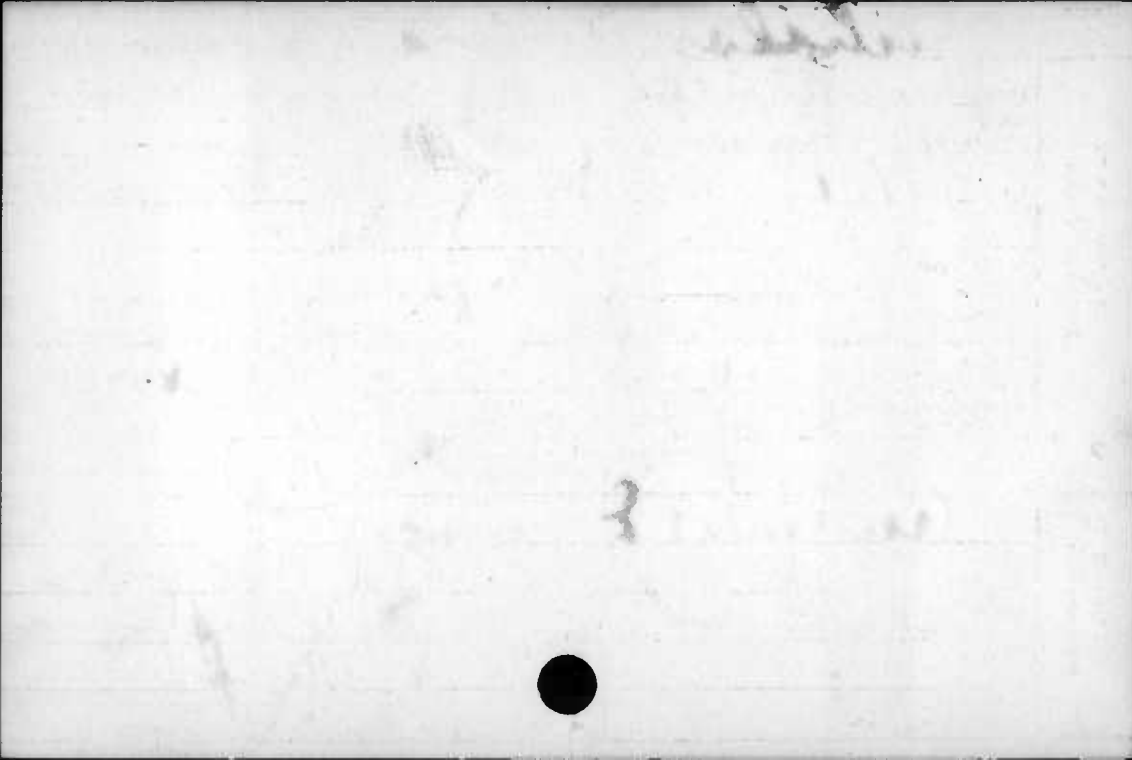
Died at ^{Town} near Annapolis		^{County} An		MARYLAND	
Date of death	1908	Month	June	Day	21
Age	29	Years		Months	
Sex	White	Color or Race	White	Birth-place	Hungary
Occupation	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband Unknown				
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Rick Moran			How related to deceased	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Annapolis Md.
		Address	
Accident or Suicide?			



Name
in
Full

Wanda J. Kowalewski

CERTIFICATE OF DEATH

16

TO BE ANSWERED BY
NEAREST FRIEND

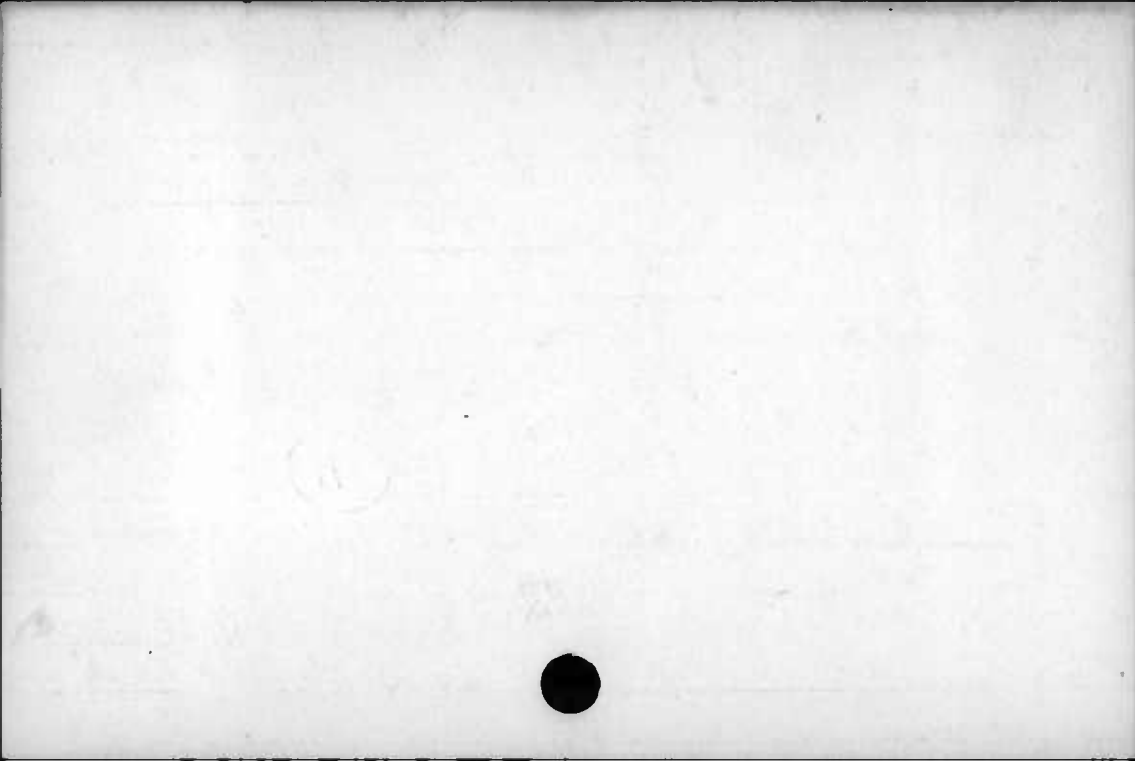
Died at <u>So. Balto'</u> ^{Town}		<u>A</u> ^{County}		MARYLAND	
Date of death	<u>1908 June</u> ^{Month}	<u>18</u> ^{Day}	Age <u>—</u> ^{Years}	<u>7</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Yka</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Stephen J. Kowalewski</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Julia Zywnski</u>			Mother's Birthplace <u>Russia</u>		
Name of person giving information <u>Stephen J. Kowalewski</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Infantile Convulsions</u>	How long <u>2 hours</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos. B. Norton M.D.</u>
		Address <u>So. Balto, Md.</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

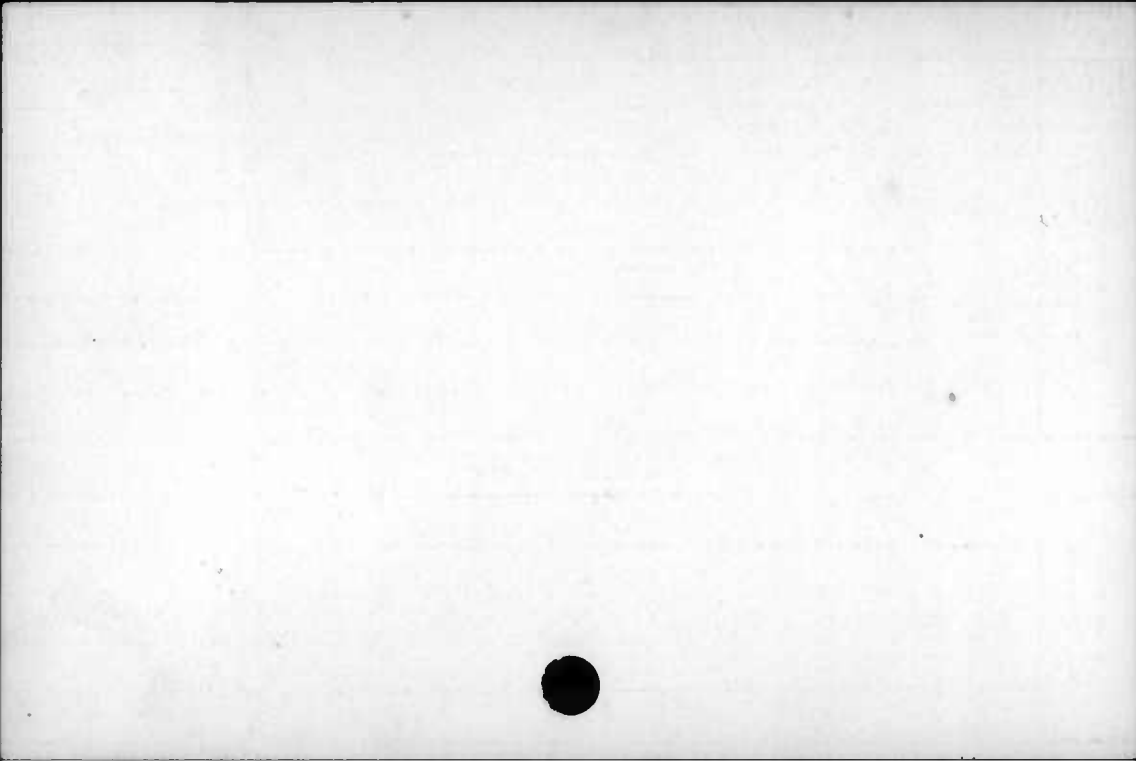
Name in Full <i>Sophia Kresina</i>		Town <i>Marleys</i>		County <i>Anne Arundel Co</i>		MARYLAND	
Died at <i>Marleys</i>		Month <i>4</i>		Day <i>17</i>		Age <i>62</i>	
Date of death <i>1908</i>		Years <i>62</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bohemia</i>			
Occupation <i>Picker</i>		Where Residing if not at place of death <i>410 Dunkin Alley Balt</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>John Kresena</i>					
Father's Name <i>Thomas Vachas</i>		Father's Birthplace <i>Bohemia</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Barbra Hudecek</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Syncope</i>		How long <i></i>	
Immediate <i>Accidentally Drowned</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John E Potee Coroner</i>	
		Address <i>Brooklyn</i>	
Accident or Suicide?		<i>A A G Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Benjamin League

Died at ^{Town} West Annapolis ^{County} A.A. MARYLAND
 Date of death 1908 June 24 Age 49 Months 4 Days 18
 Sex Male Color or Race White Birth-place Annapolis
 Occupation Teacher Where Residing if not at place of death

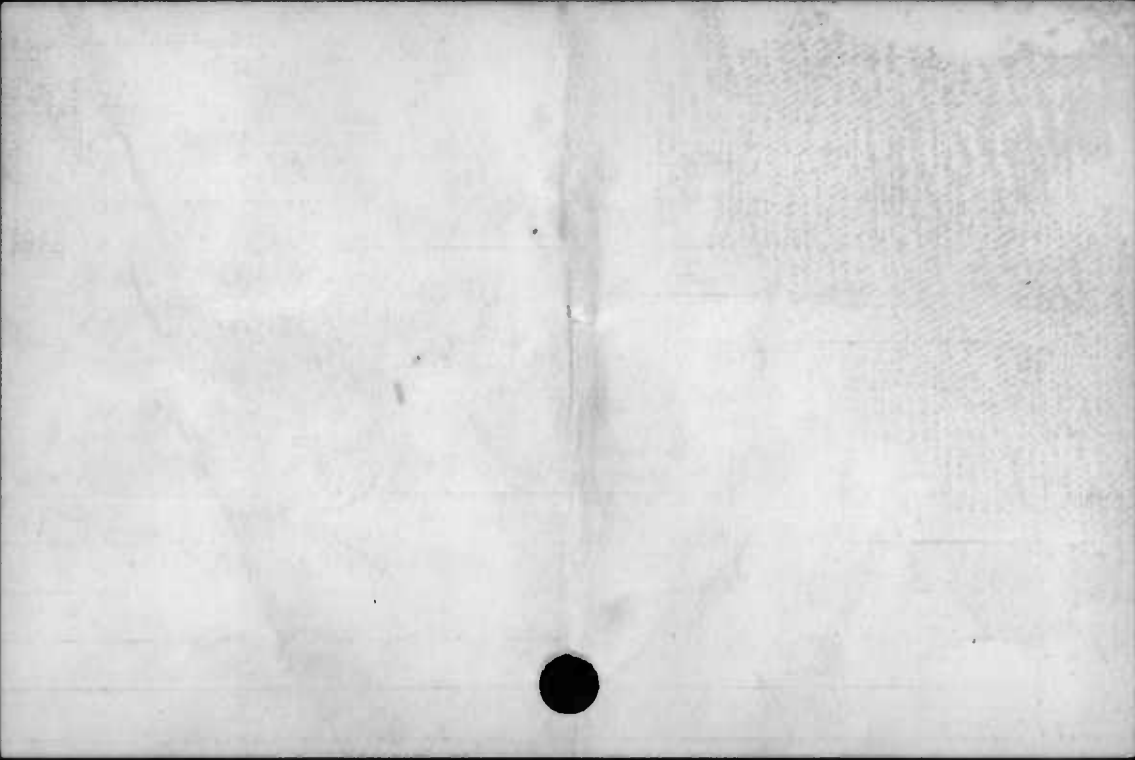
Married, Single or Widowed Single Name of Wife or Husband
 Father's Name James H. League Father's Birthplace Winchester Pa
 Mother's Maiden Name Maryory E Temple Mother's Birthplace Baltimore Md
 Name of person giving information Oliver S. League How related to deceased Brother

CAUSES OF DEATH

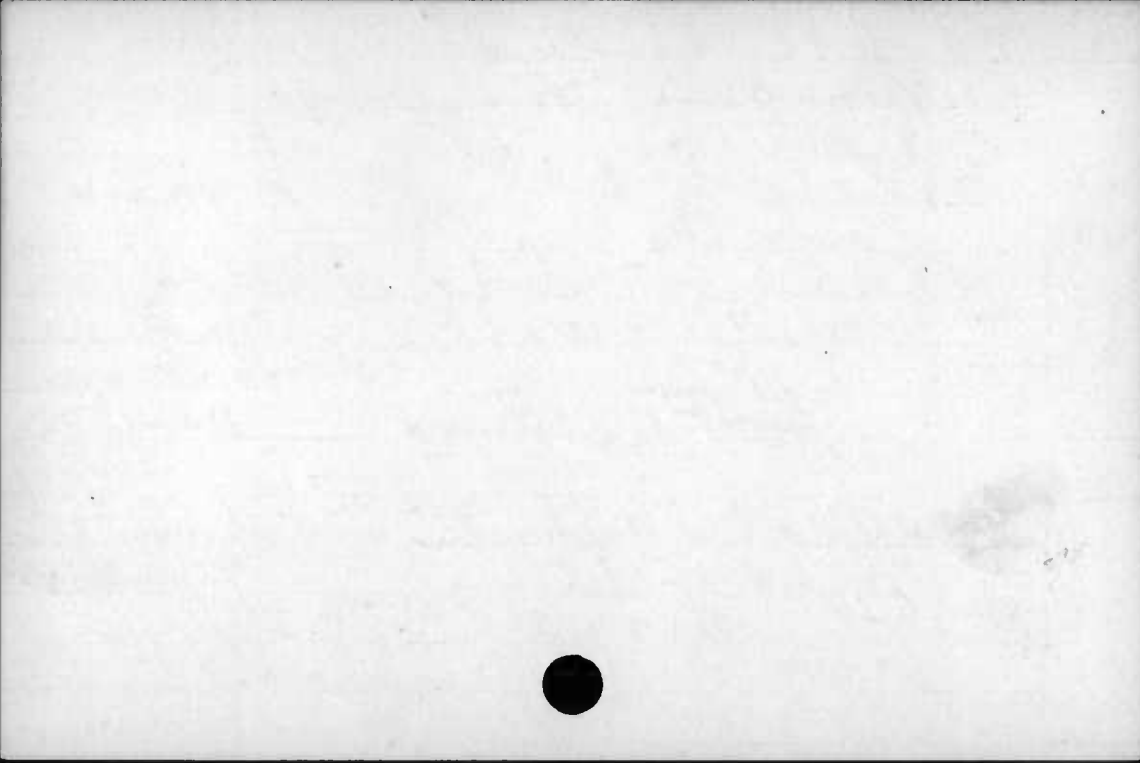
33

PHYSICIAN
OR CORONER

Primary Tubercular Otitis and Peritonitis How long years
 Immediate Euphrosation How long one month
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Louis B. Deuker Jr
 Address Annapolis, Md
 Accident or Suicide? neither



Name in Full		Emily H. Frank - Lee Roy				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		County <i>Q. D.</i>		MARYLAND			
		Date of death	1908	Month	June	Day	3	Age	82
		Sex	Female		Color or Race	White		Birth-place	Richmond Co., Va.
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	Dr. Henry Frank - Lee Roy				Father's Birthplace	Richmond Co., Va.	
		Mother's Maiden Name	Ann Season				Mother's Birthplace	Westwood Co., Va.	
		Name of person giving information				H. H. Frank - Lee Roy			
		CAUSES OF DEATH				(41)			
PHYSICIAN OR CORONER		Primary		Carcinoma of Ascending <i>bowel</i>		How long 6 moos 5 1 yrs			
		Immediate		"		How long "			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
		Accident or Suicide?		no		Address			
						Annapolis, Md			



Name
in
Full

Horace Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

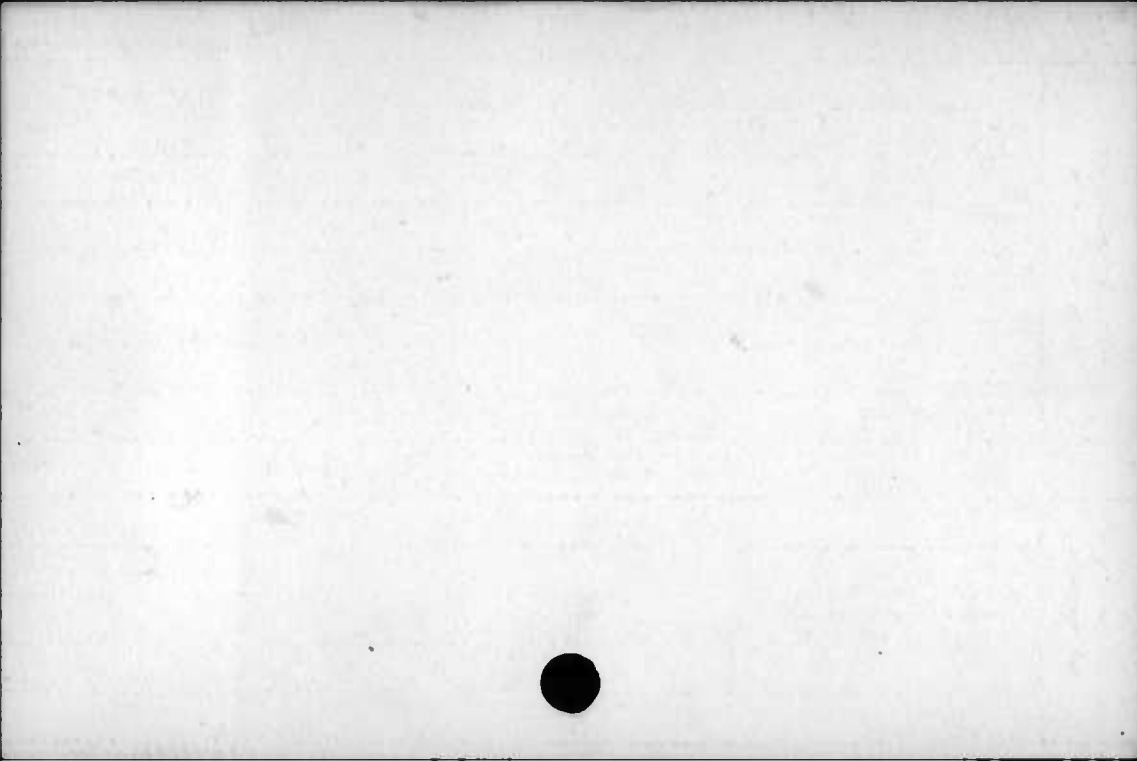
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		June	21	Age	69		
Sex	Male	Color or Race	Col	Birth-place	Virginia		
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Lizzie Lucas							
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Fattie Simms			How related to deceased	Daughter		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute nephritis	How long	6 months
Immediate	Heart Failure	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. D. Reese
		Address	60 Cathedral St. Annapolis.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Luedke

Died at *Glenburnie*County *Ad.*

MARYLAND

Date of death *1908* Month *June* Day *24* Age *59* Years Months DaysSex *Male* Color or Race *White* Birth-place *Germany*Occupation *Farmer* Where Residing if not at place of deathMarried, *—* Name of Wife or Husband *Stilia Luedke*Father's Name *Unknown* Father's Birthplace *Germany*Mother's Maiden Name *Unknown* Mother's BirthplaceName of person giving information *Ernest Luedke* How related to deceased *Son*

CAUSES OF DEATH

(93)

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

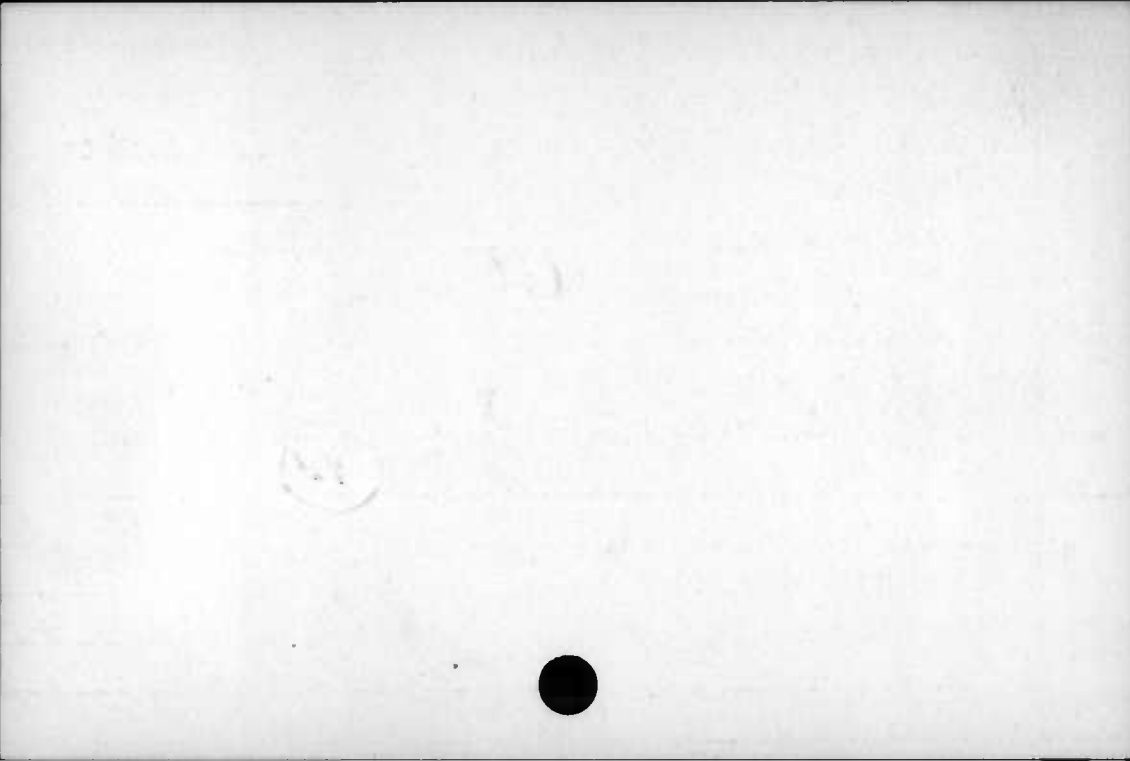
yes

Signature of Physician

Address

J. B. Norton
Curtis Day
md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Fletcher Lyles

Town

County

MARYLAND

Died at

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or
Race

Birth-
place

Where Residing if not
at place of death

Married, Single,
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

bonarays

9.9

8 June

2

39

Male

Black

9.9.60. Ind.

Laborer

Where Residing if not
at place of death

Hattie Parker

Wm. Lyles

Charlie Fowler

Wm. Lyles

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Father

27

Tuberculosis

compression of the brain

How long

1 week

How long

H. G. Williams M.D.



Name
In
Full

Annie Cullen McCabe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

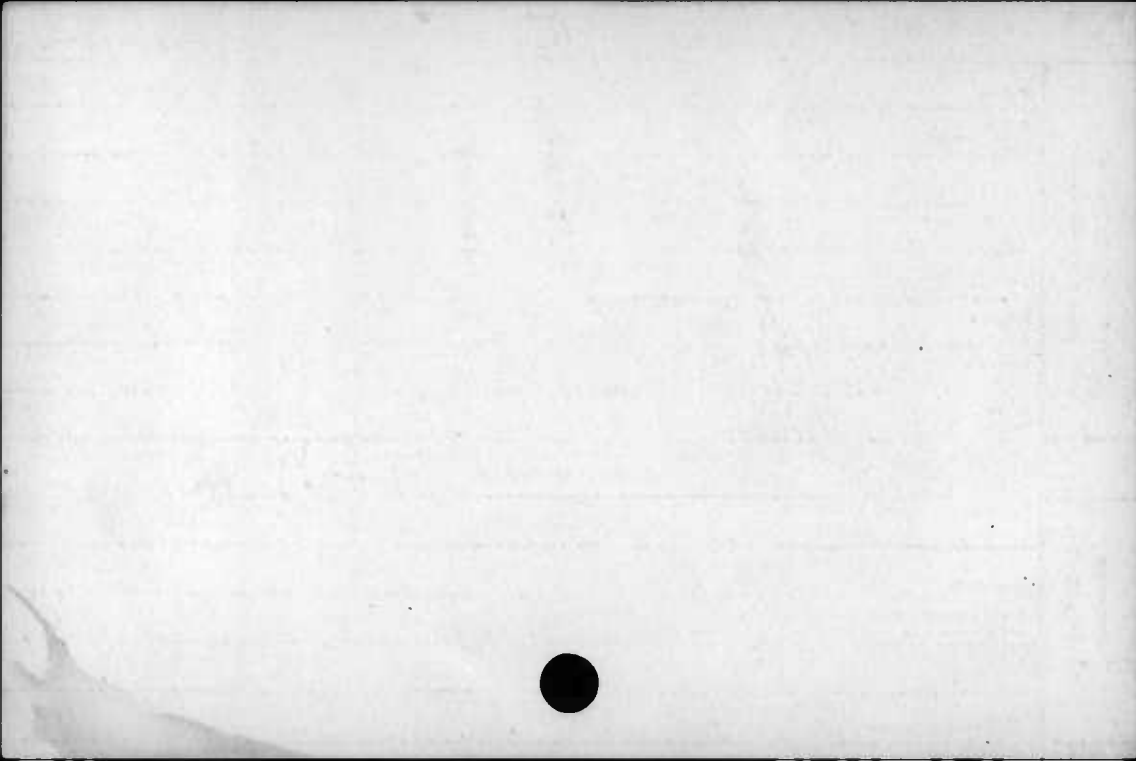
Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		1908	Month June	Day 10	Age 52	Years	Months Days
Sex Female		Color or Race White		Birth- place Johnstown, Pa.			
Occupation				Where Residing if not at place of death Annapolis, Md.			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Simon McCabe				Father's Birthplace Ireland	
Mother's Maiden Name		Ann Rafferty				Mother's Birthplace Ireland	
Name of person giving In formation		Catherine Prudden				How related to deceased Sister	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Cancer Uterus	How long	One year
Immediate	Athemia	How long	One week
Are the name, age, sex, color, date and place correctly given above?		yes	
Accident or Suicide?		no	
Signature of Physician		Address	
Geo. Wells		Annapolis Md.	



Name
in
Full

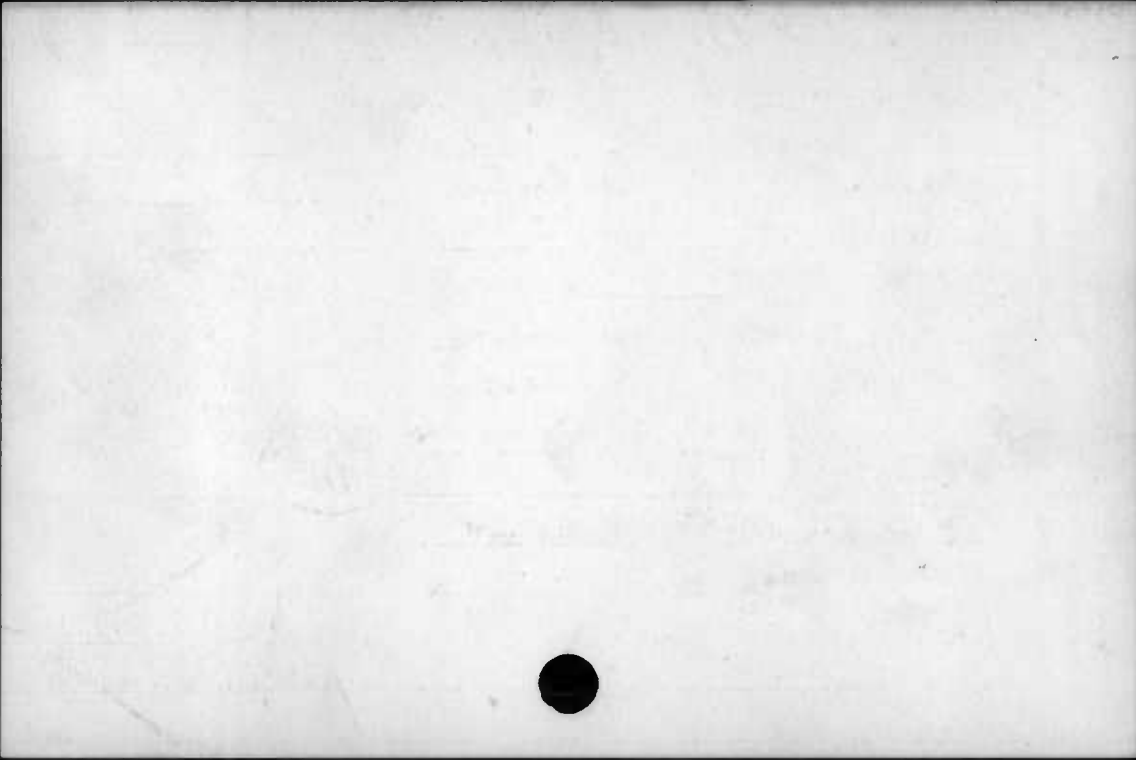
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

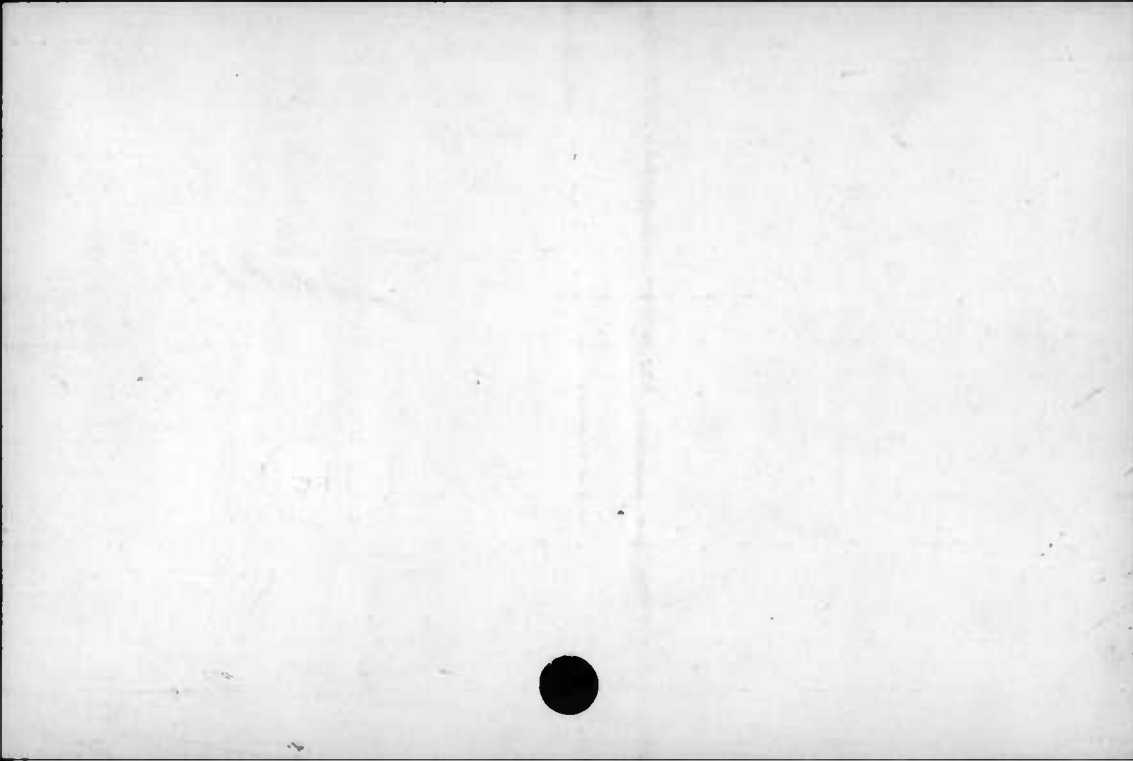
James H McDaniel				County		TOWN	
Died at Annapolis				Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	3	49			
Sex		Color or Race		Birth-place			
male		White		McDaniel Talbot			
Occupation				Where Residing if not at place of death			
Lumber Business				Annapolis Md			
Married, Single or Widowed		Name of Wife or Husband					
married		Francis J. McDaniel					
Father's Name				Father's Birthplace			
Charles W McDaniel				McDaniel Talbot			
Mother's Maiden Name				Mother's Birthplace			
Lydia Wrightson				McDaniel Talbot			
Name of person giving information				How related to deceased			
Francis J. McDaniel				Wife			
CAUSES OF DEATH							
166							

PHYSICIAN
OR CORONER

Primary	Railway Accident	How long	15 minutes
Immediate	Shock etc	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Walton H. Hopkins M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			
Accident			



Name in Full		Florence R McEldery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Catonsville		County		MARYLAND	
	Date of death	1908	June	20	Age	34	Months
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	House Keeper		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Stephen Hebram			Father's Birthplace	md	
	Mother's Maiden Name	Mary Taylor			Mother's Birthplace	Ind	
	Name of person giving information	John M McEldery			How related to deceased	Husband	
CAUSES OF DEATH							116
PHYSICIAN OR CORONER	Primary	Peritonitis				How long	7 days
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	R. A. Hammond
						Address	Essex Maryland
	Accident or Suicide?	No					



Name
in
Full

Hennie Mackel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

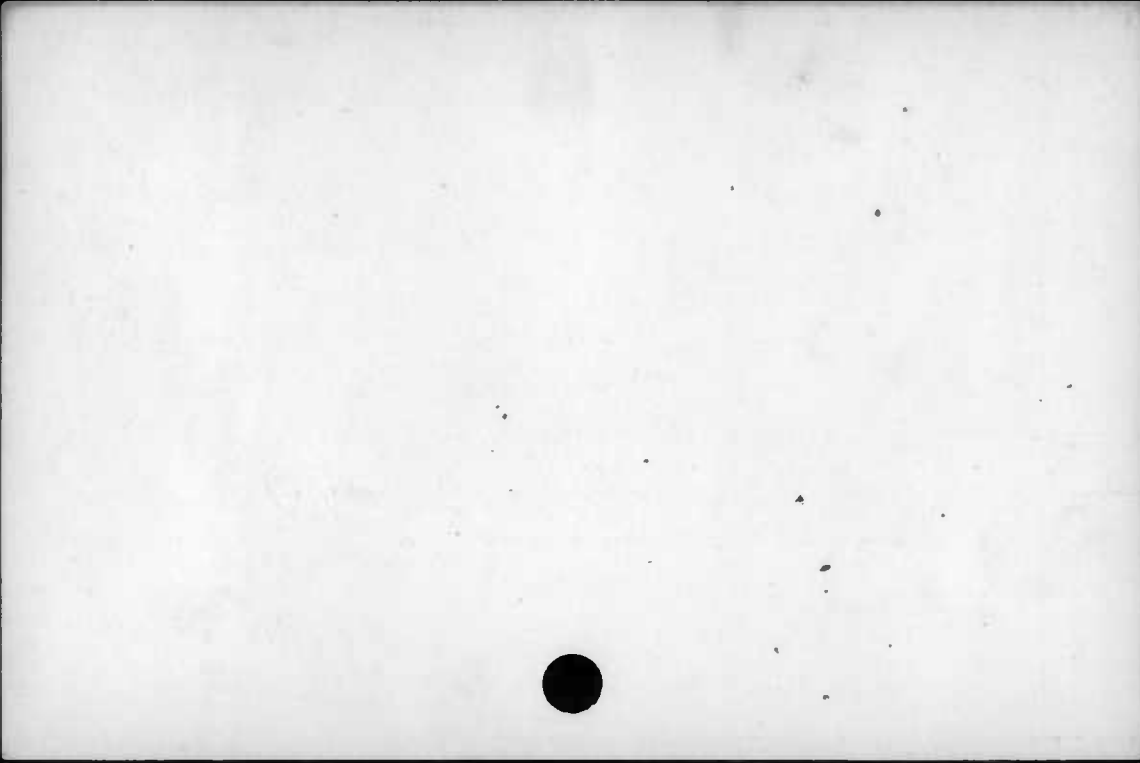
Died at <i>Jausterville</i>			County <i>Anne Arundel</i>			MARYLAND		
Date of death	Month	Day	Years	Months	Days	Age about <i>22 years -</i>		
<i>1908</i>	<i>June</i>	<i>3</i>						
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Marys Co.</i>					
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Andrew Mackel</i>					
Father's Name <i>Robert Cullerson</i>			Father's Birthplace <i>St. Marys Co.</i>					
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Andrew Mackel</i>			How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James S Bellingsha MD</i>
<i>Yes</i>		Address	<i>Armiger</i>
Accident or Suicide?			<i>No</i>



Name
in
FullSpecial 51
CERTIFICATE OF DEATH

17

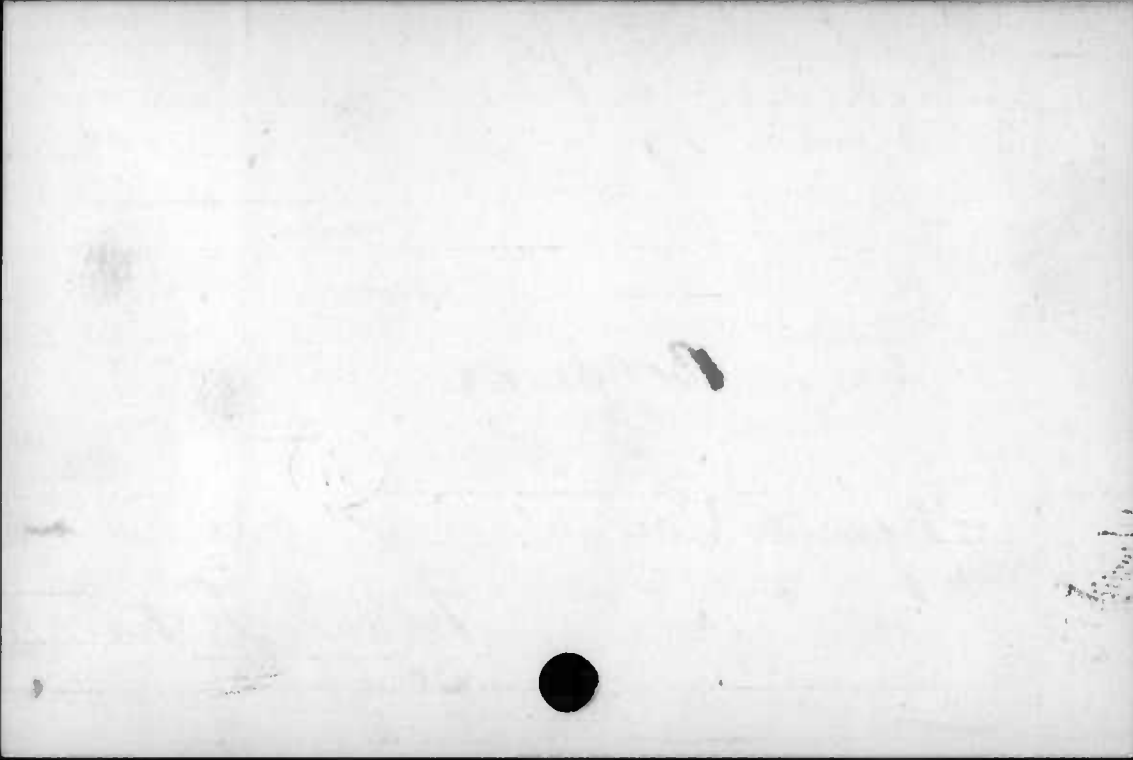
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Madofasski</i>		Town <i>Baltimore</i>		County		MARYLAND	
Died at		Date of death <i>908 June 19</i>		Age <i>19</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Mo.</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed		Name of Wife or Husband <i>-</i>					
Father's Name <i>Antone Madofasski</i>		Father's Birthplace <i>Russice</i>					
Mother's Maiden Name <i>Livia Bogarsky</i>		Mother's Birthplace					
Name of person giving information <i>Antone Madofasski</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

71

PHYSICIAN OR CORONER	Primary <i>Infantile Convulsions</i>	How long <i>one hour</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton M.D.</i>
		Address <i>So. Balto, Md.</i>
Accident or Suicide? <i>-</i>		



Name
in
Full

Boh Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1908	Month	June	Day	12	Age	Years
Sex	Male	Color or Race	White	Birth-place	Anne Arundel Co		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Sebastian Miller				Father's Birthplace		
Mother's Maiden Name	Oliver S. Tutor				Mother's Birthplace		
Name of person giving information	Sebastian Miller				How related to deceased		
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	no	



Name
in
Full

Mary Minickaska

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hancock

Anne Arundel

Date

1908

Month

6

Day

1

Years

25

Months

1

Days

of death

Age

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Hancock

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Shamless Minickaska

Father's
Birthplace

Germany

Mother's
Maiden Name

Rosie Gookbask

Mother's
Birthplace

Germany

Name of person giving
information

Shamless Minickaska

How related
to deceased

Father

CAUSES OF DEATH

Primary

Barbiturate

How long

2 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. H. Tamm

Address

Elk Ridge

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

70

M. F. SADOWSKI,
703 S. ANN ST.

BALTIMORE; MD.

JUN 3 - 1908

St. Stanislaus.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

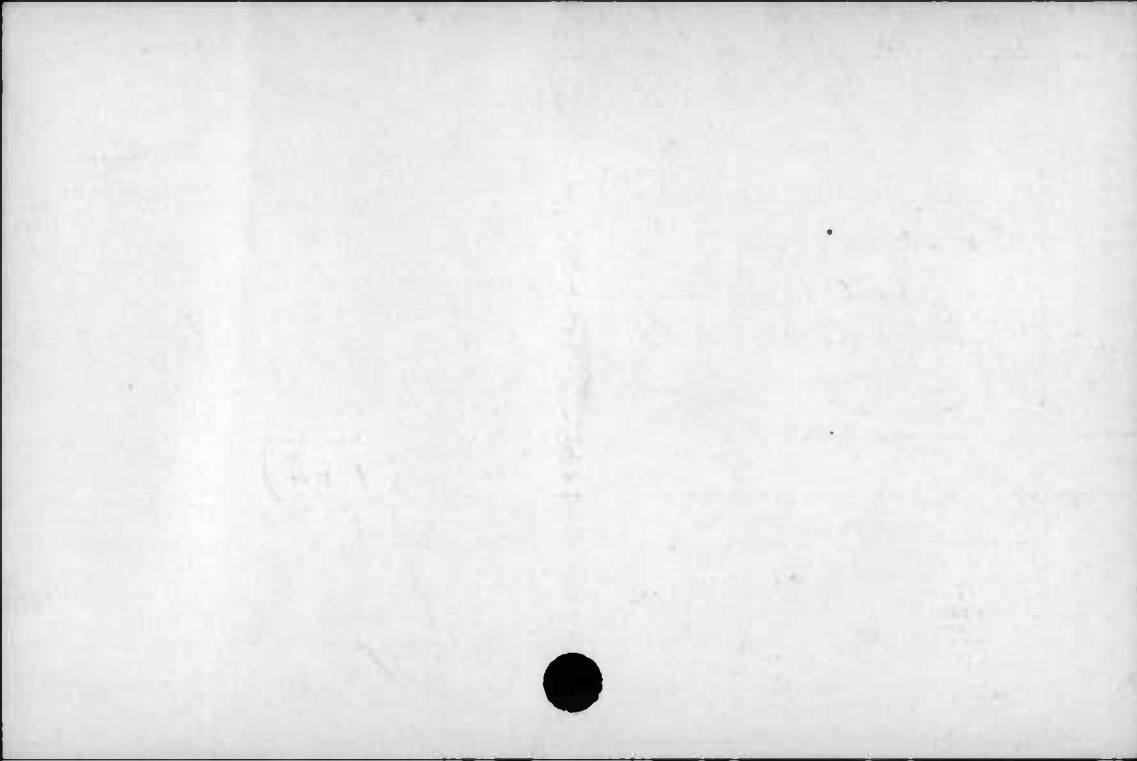
Name in Full John Lloyd Hokee				Town Severn		County Anne Arundel		MARYLAND	
Died at		Date of death		Month		Day		Years	
		1908 June 10		10		72		11	
Sex		Color or Race		Birth-place		Months		Days	
Male		Colored		Montgomery Co. Md					
Occupation				Where Residing if not at place of death					
Laborer									
Married, Single or Widowed		Name of Wife or Husband							
Widower		Georgianna Hokee							
Father's Name		Father's Birthplace							
John Hokee		Md							
Mother's Maiden Name		Mother's Birthplace							
Hannah Jones		Md							
Name of person giving information		How related to deceased							
Chas Hokee		Son							

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Locomotor Ataxia	How long	Six months
Immediate	Senile Gangrene	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. A. Hammond	
		Address	
		Jessup Md.	
Accident or Suicide?			
No			



Name
in
Full

William L. Norton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Parole</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	5
Age	29	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Balto City
Occupation	Salesman		Where Residing if not at place of death <i>216 N. Fulton ar Balto md</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	Rosa Norton		
Father's Name	John C. Norton			Father's Birthplace	Ireland
Mother's Maiden Name	Catherine St Leger			Mother's Birthplace	Balto
Name of person giving information	Frank. Norton			How related to deceased	Brother

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Resect of Railroad</i>	How long	
Immediate	<i>Accident</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Ralph E. O'Neil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

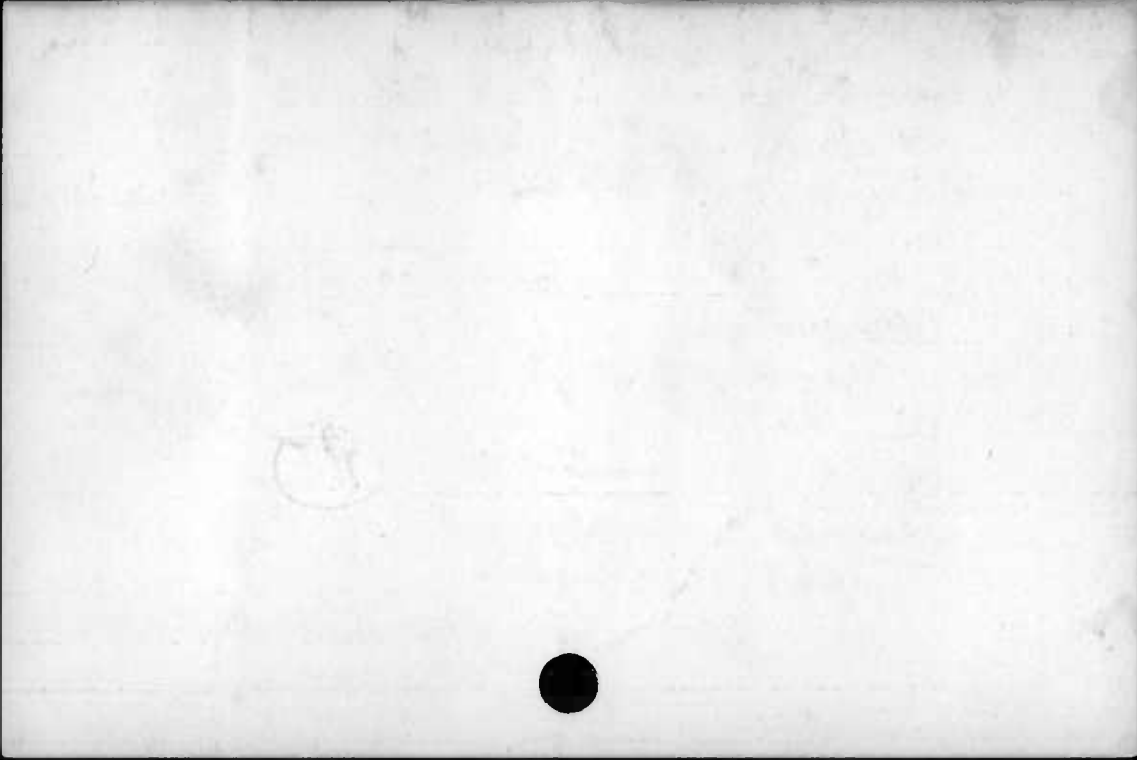
Died at Camp Parole ^{Town}		A A Co ^{County}		MARYLAND	
Date of death 1908	Month June	Day 3-	Years 25- to 29	Months	Days
Sex male	Color or Race White		Birth-place N. Y.		
Occupation motorman			Where Residing if not at place of death		
Married, Single or Widowed married		Name of Wife or Husband Unknown			
Father's Name Unknown			Father's Birthplace		
Mother's Maiden Name Unknown			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Railroad Accident	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John H Davis
		Address Coroner
Accident or Suicide? Accident		Annapolis



Name
in
Full

Mildred Louise Painter

CERTIFICATE OF DEATH

Died at ^{Town} near Woodwardville ^{County} A.A.

MARYLAND

Date of death 1908 ^{Month} June ^{Day} 26 ^{Age} two weeks ^{Months} ^{Days}

Sex Female Color or Race white Birth-place A.A.C., Md.

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

William Painter

Father's Birthplace

Pennsylvania

Mother's Maiden Name

Anna Louise Emmeluth

Mother's Birthplace

New York

Name of person giving information

Wm Painter

How related to deceased

Father

CAUSES OF DEATH

105

Primary

Stomach + bowel trouble

How long

Several days

Immediate

Complete Exhaustion

How long

Twenty four hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

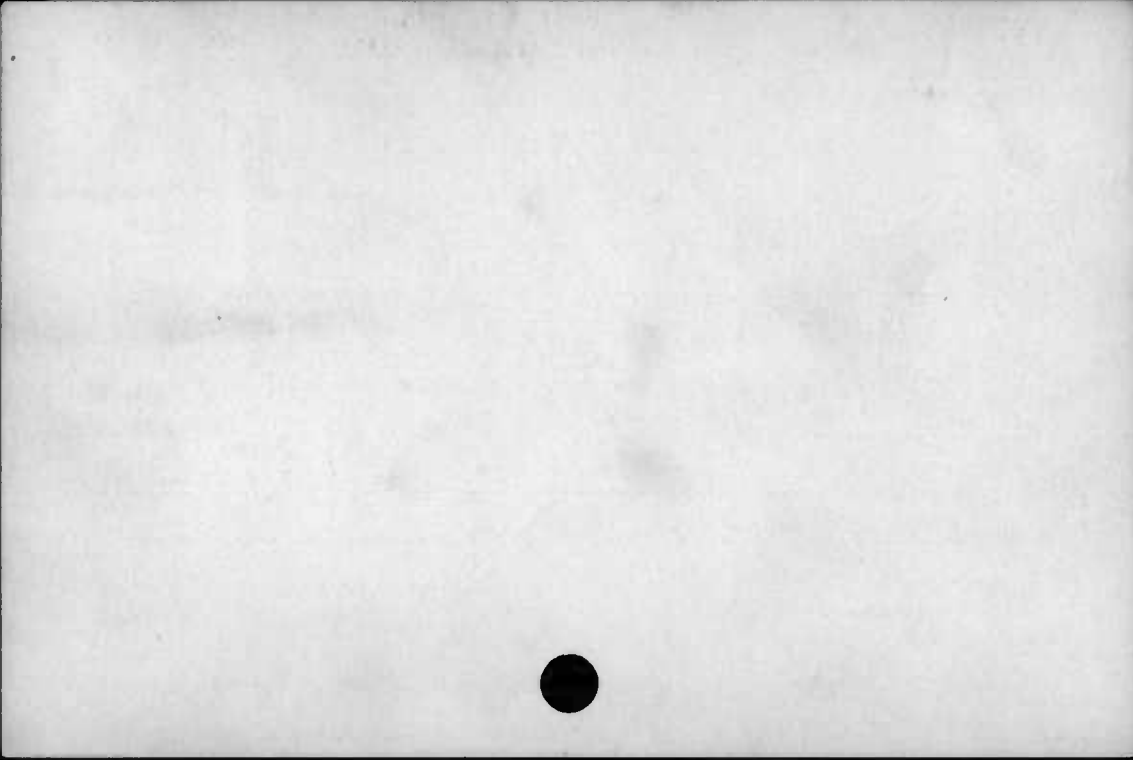
Sam H. Anderson M.D.

Address

Woodwardville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

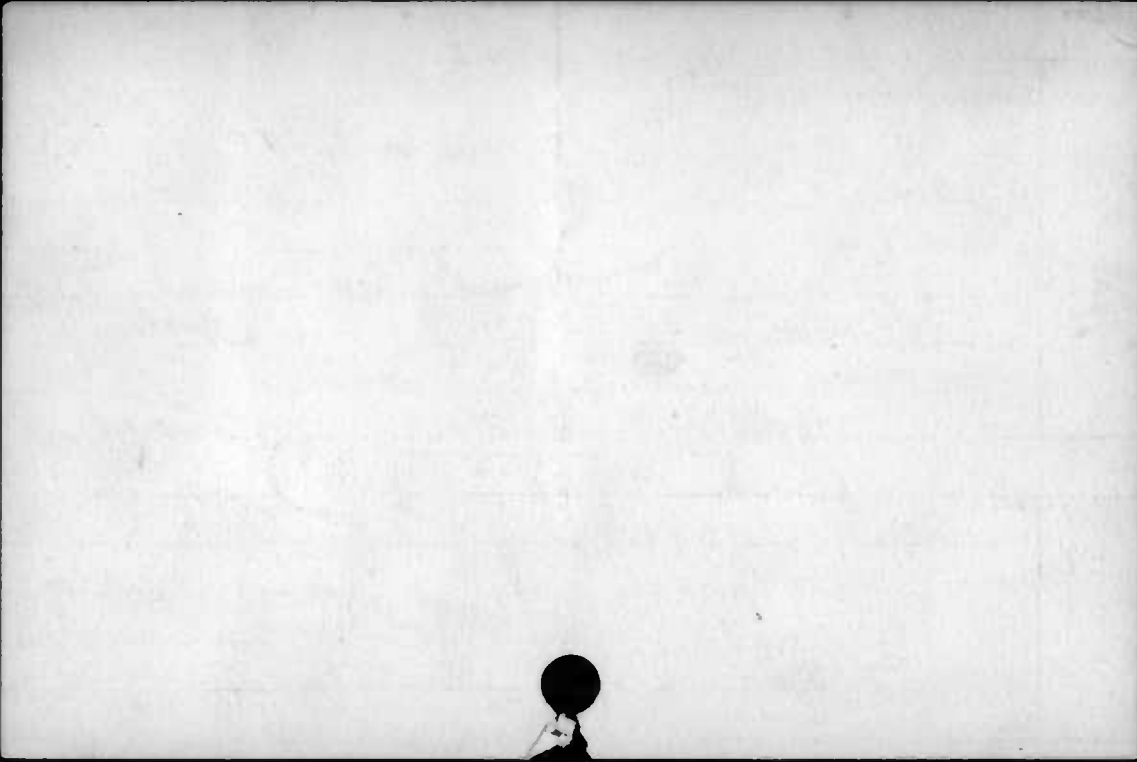
Died at <i>Brooklyn</i> Town		County <i>a a</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>23</i>	Age <i>66</i>	Years <i>10</i> Months <i>27</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Elkridge Landing Maryland</i>		<i>AA CO2</i>	
Occupation <i>MARINER</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louise E Perkins</i>				
Father's Name <i>Wm. Clayton Perkins</i>	Father's Birthplace <i>Centerville GA</i>		Md		
Mother's Maiden Name <i>Ann Jane White</i>	Mother's Birthplace <i>Longwood</i>		<i>Sum in Law</i>		
Name of person giving information <i>Joe W Mc Cracken</i>			How related to deceased <i>Law</i>		

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary <i>Heart in Lung</i>	How long <i>1 hour</i>
Immediate <i>Heart Failure</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Perkins</i>
PERSONAL DATA: film <i>G172</i>	Address <i>John E. Lee Coroner</i>
<i>11-1-51 L</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

Maria Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

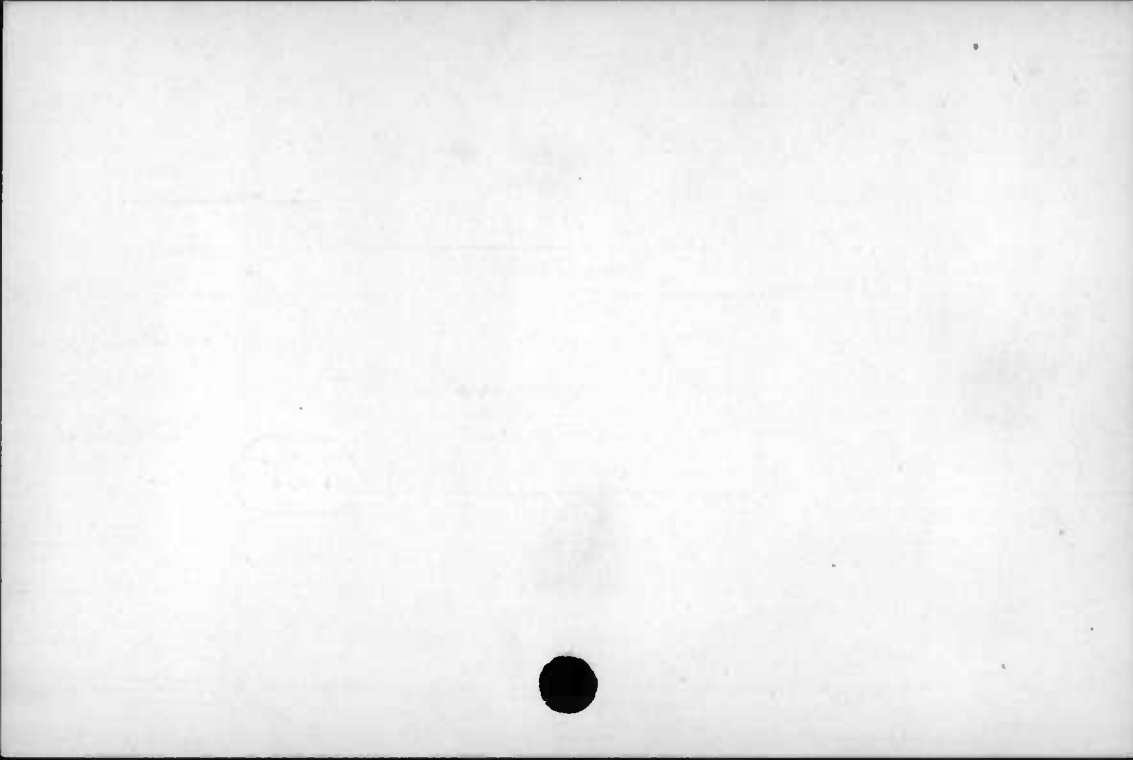
Died at		Town		County		State	
Annapolis		Md		AA		Bo	
Date of death		Month	Day	Age	Years	Months	Days
1908 June		11th	72 yrs				
Sex	Female	Color or Race	col	Birth-place	AA, Bo Md		
Occupation	Cook			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
John Robinson							
Father's Name	Wm Blackstone			Father's Birthplace	AA, Bo Md		
Mother's Maiden Name	Nancy Blackstone			Mother's Birthplace	AA, Bo Md		
Name of person giving information	John Robinson			How related to deceased	Husband		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		How long	Months
Immediate	Asthma		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		John Ridout, M.D.		
		Address		
		Annapolis Md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Michael Roda

14

TO BE ANSWERED BY
NEAREST FRIEND

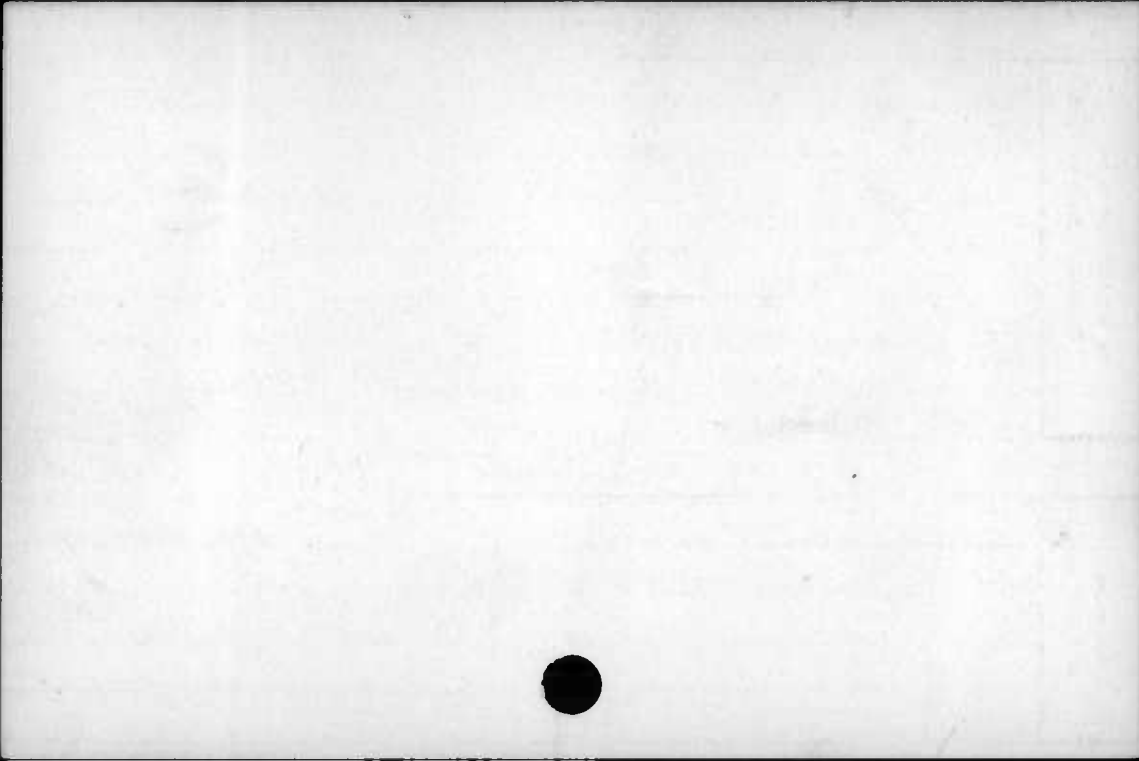
Died at <i>Curtis Bay</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>13</i>	Age <i>12</i>	Months <i>3</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Md</i>			
Occupation <i>Picker</i>	Where Residing if not at place of death <i>817 Shuter St Balto</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Geo Roda</i>	Father's Birthplace <i>Bohemia</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Annie Roda</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Struck by Lightning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C Potee Coroner</i>
	Address
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hodges Sanders

Town

County

MARYLAND

Died at

South River

Anne Arundel

Date

of death

1908

Month

June

Day

20

Age

Years

13

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Calvert Co.

Occupation

Teacher

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Sanders

Father's
Birthplace

Anne Arundel Co.

Mother's
Maiden Name

Josephine Reed

Mother's
Birthplace

Calvert Co.

Name of person giving
In formation

Thomas Sanders

How related
to deceased

Father

CAUSES OF DEATH

1

Primary

Typhoid fever

How long

3 weeks

Immediate

Cardiac Complications

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

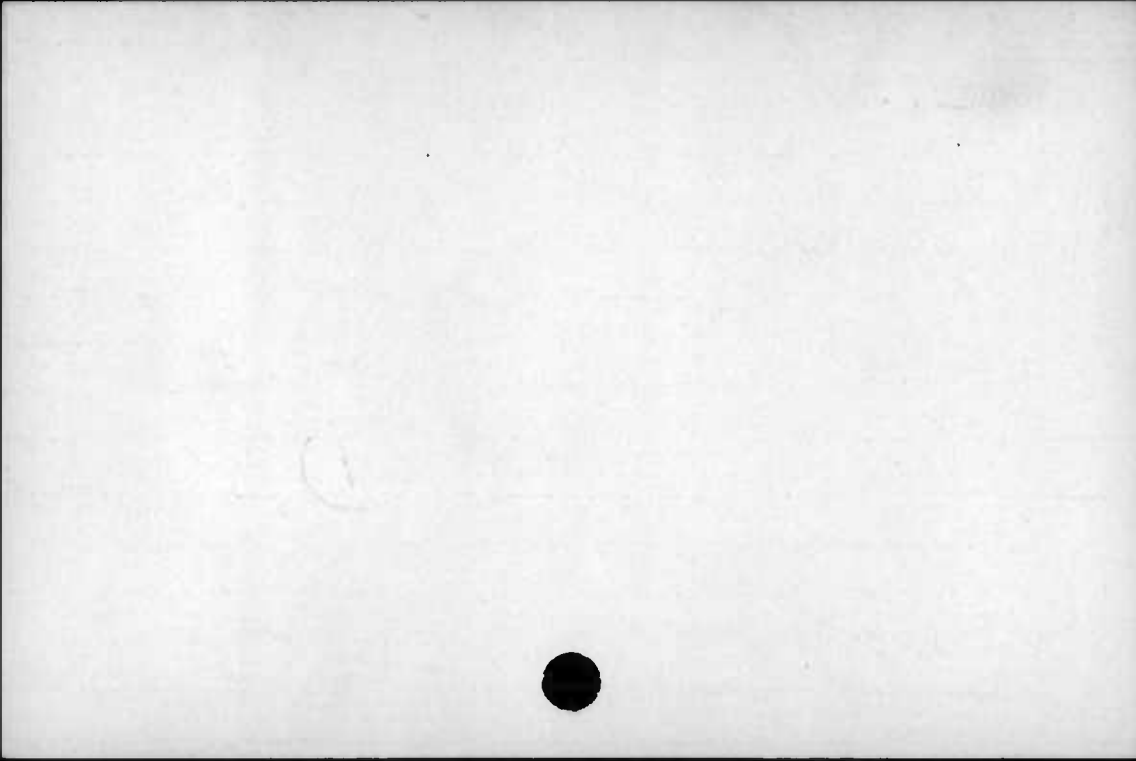
Signature of
Physician

John Collinson

Address

South River Md.

Accident or Suicide?



Name
in
Full

Carl Gustav Schurmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

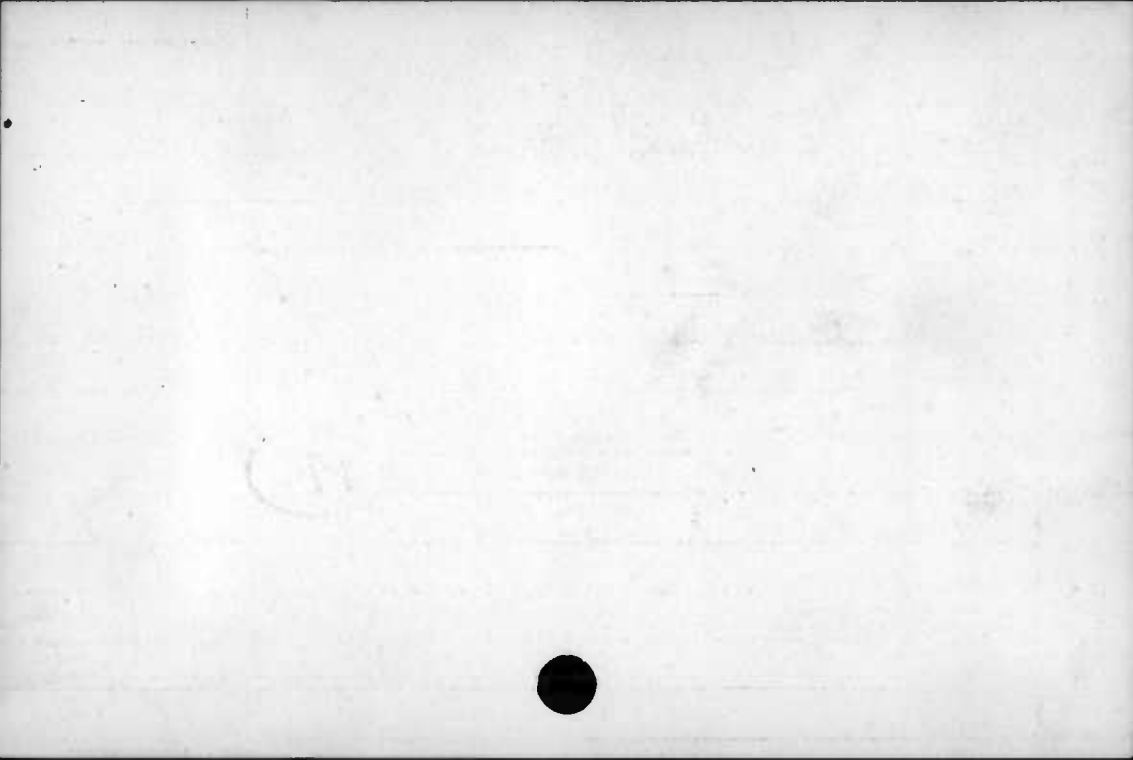
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		June	21	21			
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Married, Single or Widow				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Carl Schurmer				Germany			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving information				How related to deceased			
Ruth Morton							

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		Accidental Drowning		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		[Signature]		[Signature]	
Accident or Suicide?					



Name
in
Full

Cecilia E. Schoolden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Stony Creek* *Adams* CountyDate of death 190 *8* June *30* Age *14* Months *4* Days *14*Sex *Female* Color or Race *White* Birth-place *Westport Mo*Married, Single or Widowed *Single* Occupation *Housewife*

Name of Wife or Husband

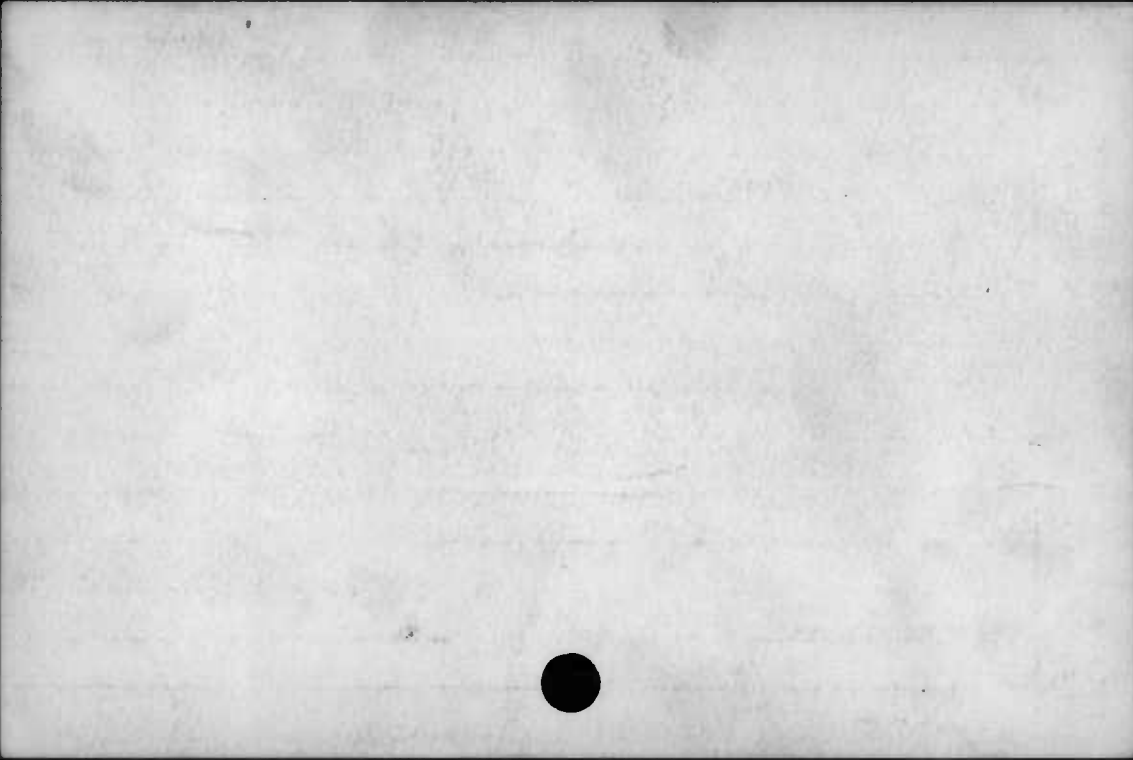
Father's Name *Wm J Schoolden*Father's Birthplace *Balt Mo*Mother's Maiden Name *Eliab Taylor*Mother's Birthplace *Jeneps Mo*Name of person giving information *Wm J Schoolden*How related to deceased *Parents*

CAUSES OF DEATH

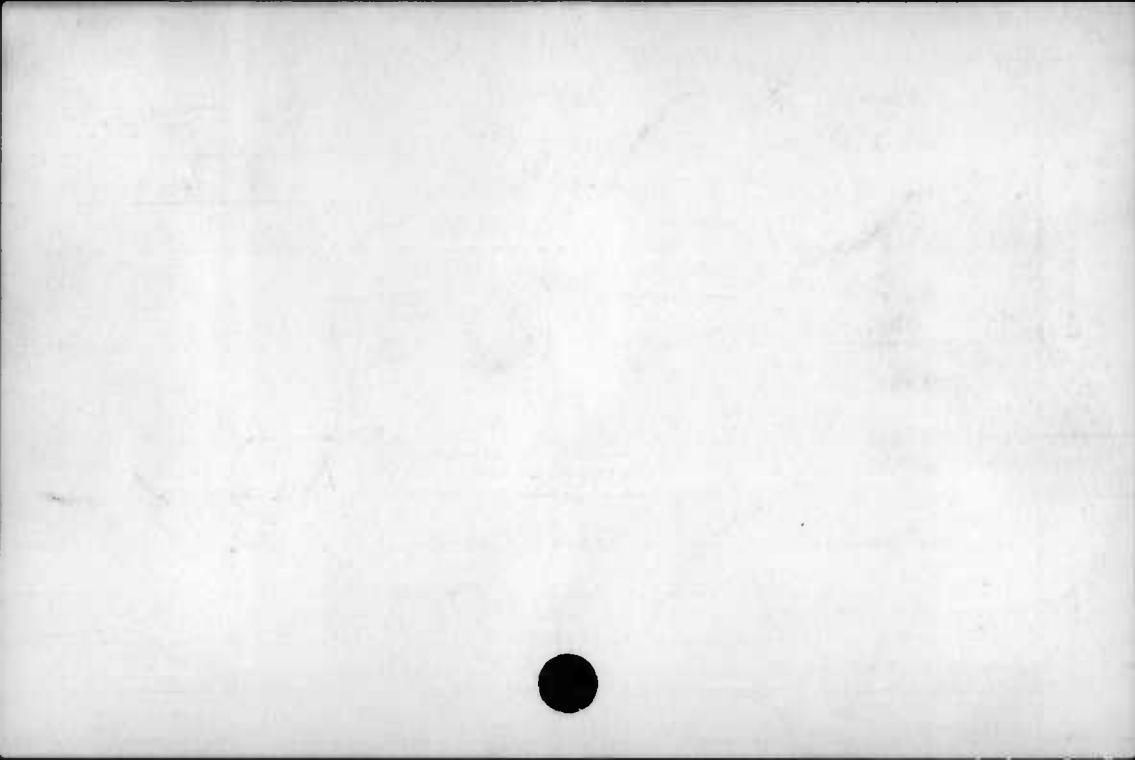
105

Primary *Dysentery & Enteritis* How long *1 month*Immediate *Arthritis* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J E. Mose*Address *855 Columbia*

Accident or Suicide?



Name in Full		J. G. Schriner				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Camp Parole		Anne Arundel		MARYLAND			
	Date of death	1908	Month	June	Day	5	Age	Years	45
	Sex	Male		Color or Race	White		Birth-place	Unknown	
	Occupation	P. P. Policeman			Where Residing if not at place of death				
	Baltimore								
	Married, Single or Widowed	Married		Name of Wife or Husband	Unknown				
	Father's Name	Unknown					Father's Birthplace		
Mother's Maiden Name	Unknown					Mother's Birthplace			
Name of person giving information	Mr. Gladfelter					How related to deceased	None		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">166</div> </div>									
PHYSICIAN OR CORONER	Primary	Railroad Accident					How long		
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	John N. Davis	
	Address						Coroner		
Accident or Suicide?	Accident					Annapolis			



Name
In Full

Alexander H. Schultz Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Rattle</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>5th</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Pay Letter</i>	Where Residing if not at place of death <i>Baltimore Md</i>				
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Bessie L Schultz</i>				
Father's Name <i>Alexander Schultz</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Anna M. Heuser</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Geo W. Brown</i>	How related to deceased <i>Father-in-law</i>				

CAUSES OF DEATH

166
How long

PHYSICIAN
OR CORONER

Primary <i>Result of Railroad</i>	How long
Immediate <i>Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Murphy</i>
	Address <i>Annapolis</i>
Accident or Suicide?	



Name
in
Full

Fred K. C. Belle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

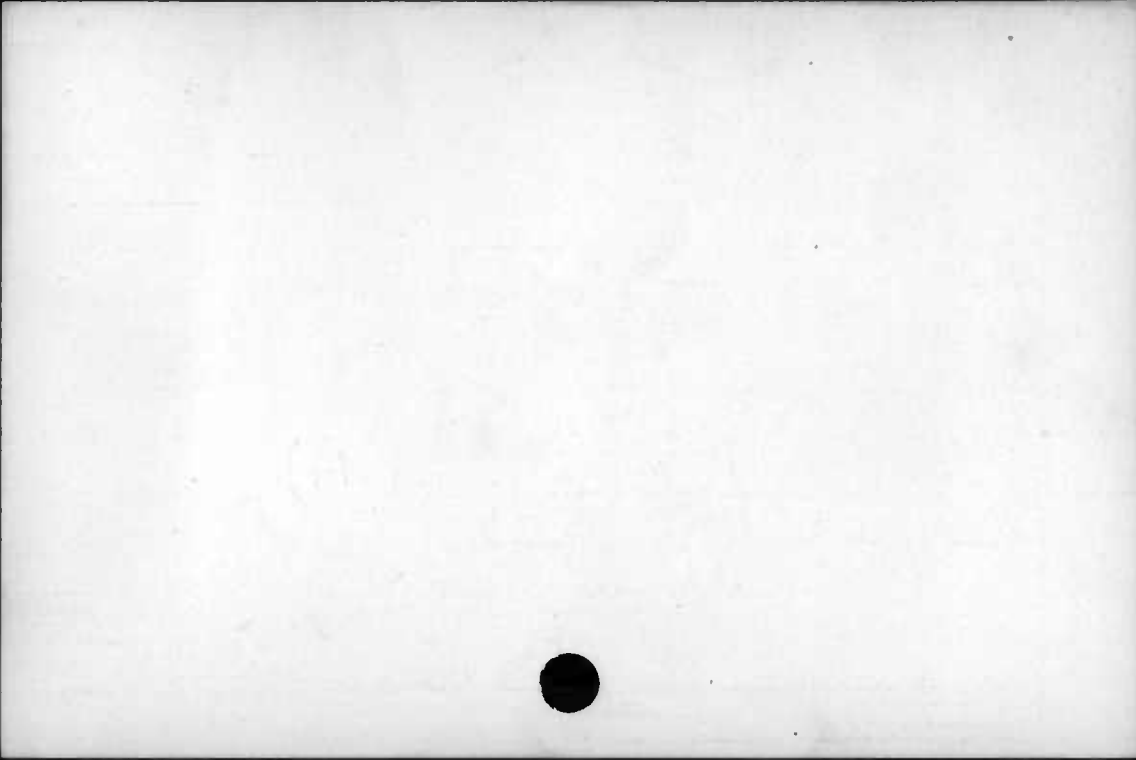
Died at <u>So. Balto</u> ^{Town}		<u>Ad</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>June</u> ^{Day}	Age	<u>68</u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Boiler Washer BTORR</u>		Where Residing if not at place of death		
Married, <u> </u>	Name of Wife or Husband <u>Eve Belle</u>				
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>John Belle</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u>	How long <u>don't know -</u> <u>only attended him</u>
Immediate	<u>Uremic Convulsions</u>	How long <u>4 days</u> <u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Thos. B. Horton M.D.</u>
		Address <u>So. Balto - Md.</u>
Accident or Suicide? <u> </u>		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Camp Parole</i>		County <i>Annaprundle</i>	
		Date of death <i>5th 1908</i>		Month <i>June</i>	
		Day <i>Friday</i>		Age <i>3</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation		Where Residing if not at place of death <i>Baltimore</i>	
		Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Mr E Slaughter</i>		Father's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Jessie F. Hawkins</i>		Name of person giving information <i>Mr Slaughter</i>		How related to deceased <i>Grandfather</i>	
		CAUSES OF DEATH		(166)	
Primary		How long		How long	
Immediate		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>John H. Davis</i>	
Accident or Suicide?		Address <i>annapolis</i>		<i>Carroll</i>	
<i>Rail Road Accident</i>		<i>MK</i>			



Name
in
Full

Frank Slombooski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

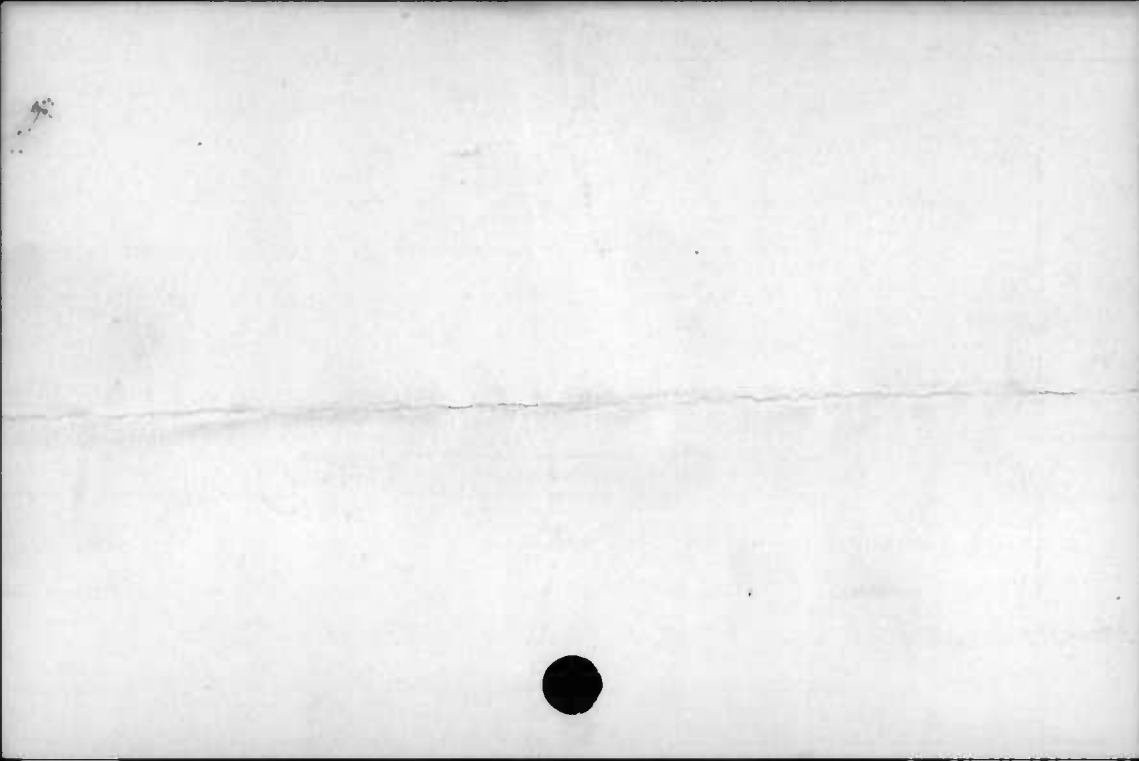
Died at <i>near Williams</i>		Town <i>Williams</i>		County <i>a a</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>24</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>929 Fall St</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>W. A. McGinnis</i>	How related to deceased <i>Friend</i>						

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by Electric Car</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Mayfield Jr</i>
	Address <i>Garman's</i>
	<i>Maryland</i>
Accident or suicide ?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Eliza Snoden* Town *Annapolis* County *Md.* MARYLAND

Died at *Annapolis* Date *June 15* 190*8* Age *5-3* Months *4* Days *15*

Sex *Female* Color or Race *Colored* Birth-place *Rutland*

Occupation *Domestic* Where Residing if not at place of death *72 Acton lane*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles Wesley Snoden*

Father's Name *Daniel Brown* Father's Birthplace *Cheslerfield*

Mother's Maiden Name *Adeline Stewart* Mother's Birthplace *Ind*

Name of person giving information *Adeline Stewart Tasker* How related to deceased *Mother*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

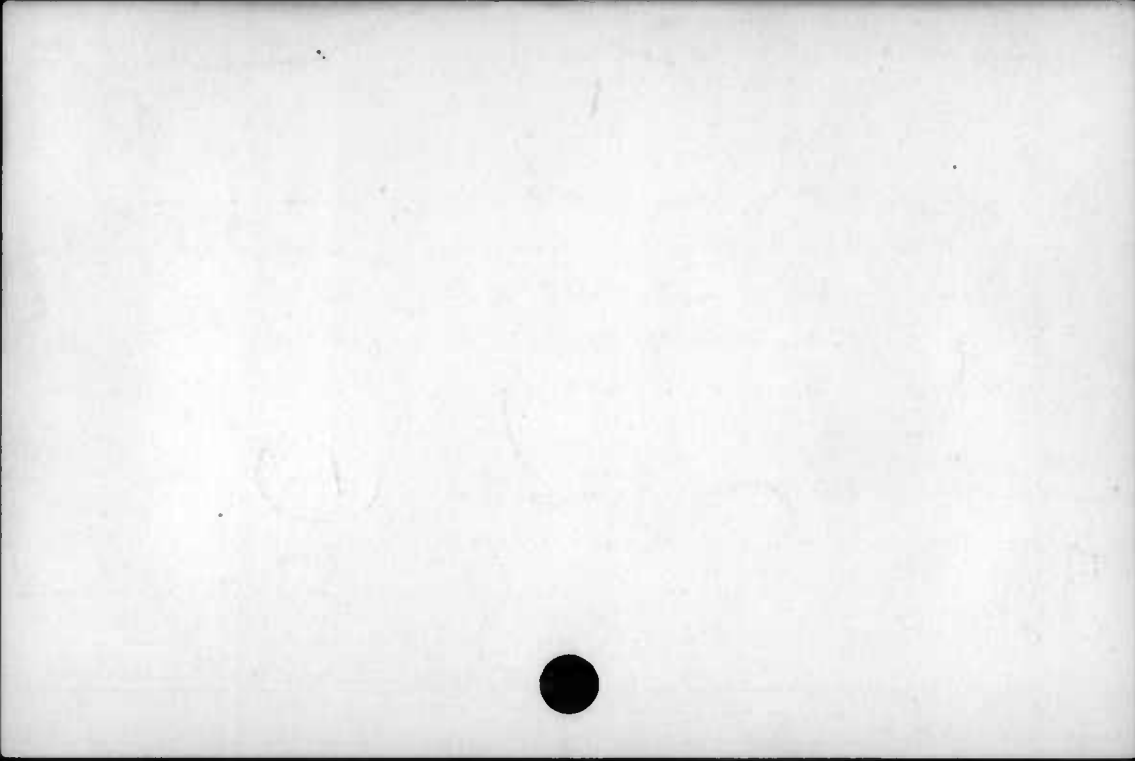
Primary *Idiopathic* How long *Unknown*

Immediate *Leukemia of liver* How long *22 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.* Address *12 Clay St*

Accident or Suicide? *Annapolis Md*



Name
in
Full

Louis Dorsey Sarrel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

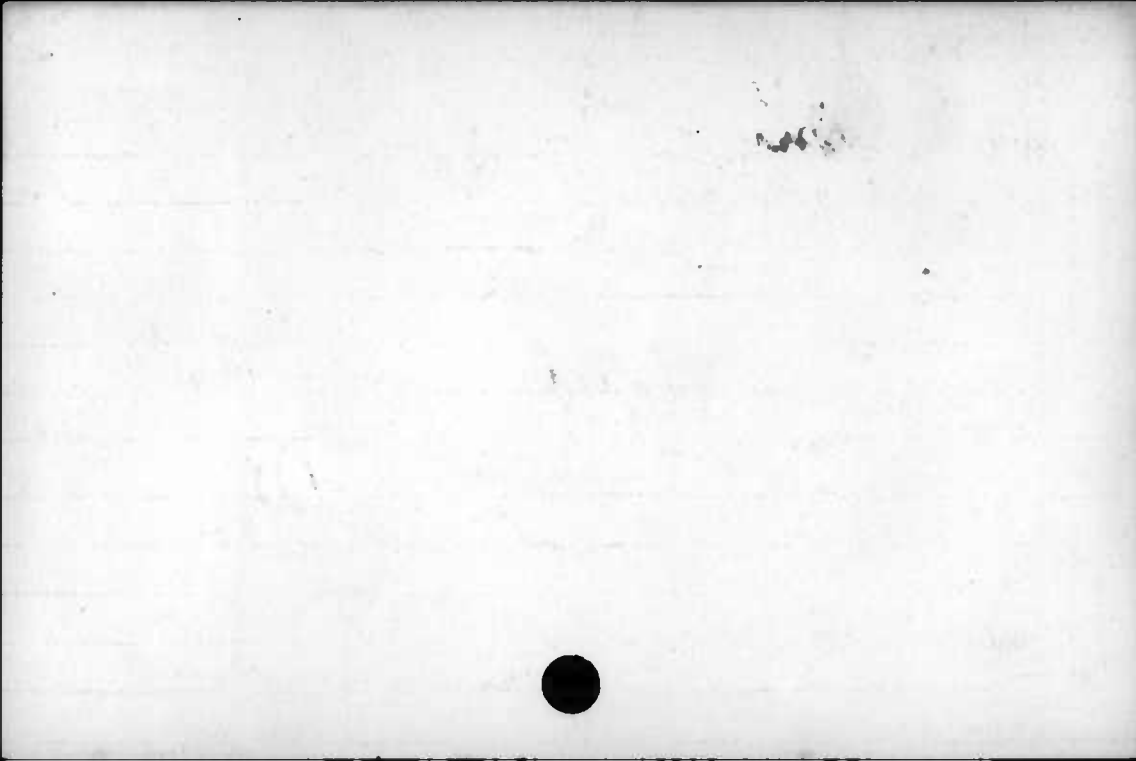
Died at (near) <u>Churchton</u> ^{Town}		<u>Anna Arundel</u> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	2nd
Age		60 to 75 yrs?		Years	
Sex		male		Color or Race	Colored
Occupation		Farm hand (unable to work for several years)		Birth-place	Virginia
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband <u>Josephine Bras</u>			
Father's Name	<u>Unknown</u>				Father's Birthplace <u>Kentucky</u>
Mother's Maiden Name	<u>Unknown</u>				Mother's Birthplace <u>Unknown</u>
Name of person giving information	<u>J. R. Sarrel</u>				How related to deceased <u>Wife</u>

CAUSES OF DEATH

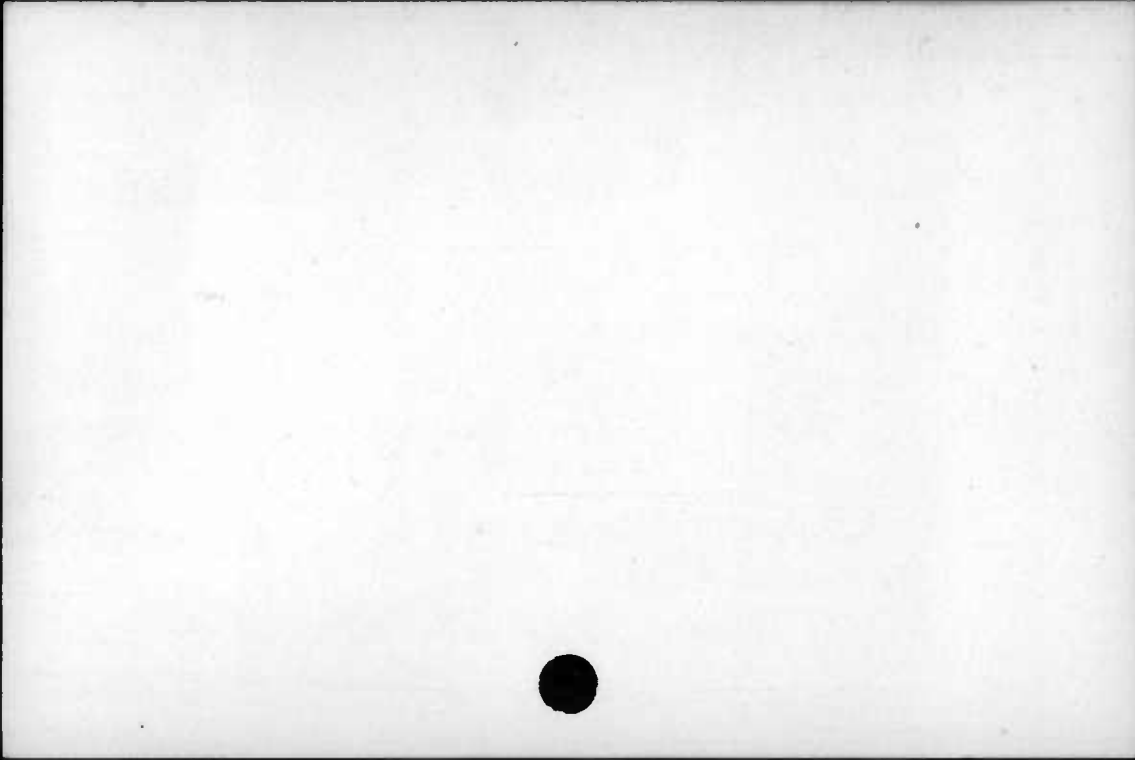
81

PHYSICIAN
OR CORONER

Primary	<u>General Arterio-Sclerosis</u>	How long	—
Immediate	<u>Heart Failure</u>	How long	<u>72 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>T. R. W. Wilson</u>	
Yes		Address <u>Churchton</u>	
		<u>A. A. Co. Md.</u>	
Accident or Suicide?			



Name in Full Richard Otto Stinchcomb		CERTIFICATE OF DEATH	
Died at Annapolis <small>Town</small>		Anne Arundel <small>County</small>	
Date of death 1908 <small>Month</small> June <small>Day</small> 8		2 <small>Months</small> — <small>Days</small>	
Sex male		Color or Race White	
Occupation —		Birth-place Annapolis	
Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name Unknown		Father's Birthplace —	
Mother's Maiden Name Susan Stinchcomb		Mother's Birthplace Annapolis	
Name of person giving information Richard Stinchcomb		How related to deceased Grandfather	
CAUSES OF DEATH			
Primary Enterocolitis		105 <small>How long</small> 8 days	
Immediate Exhaustion		<small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm S Welch	
		Address Annapolis	
Accident or Suicide? —			



Name
In
Full

Clara Storks

CERTIFICATE OF DEATH

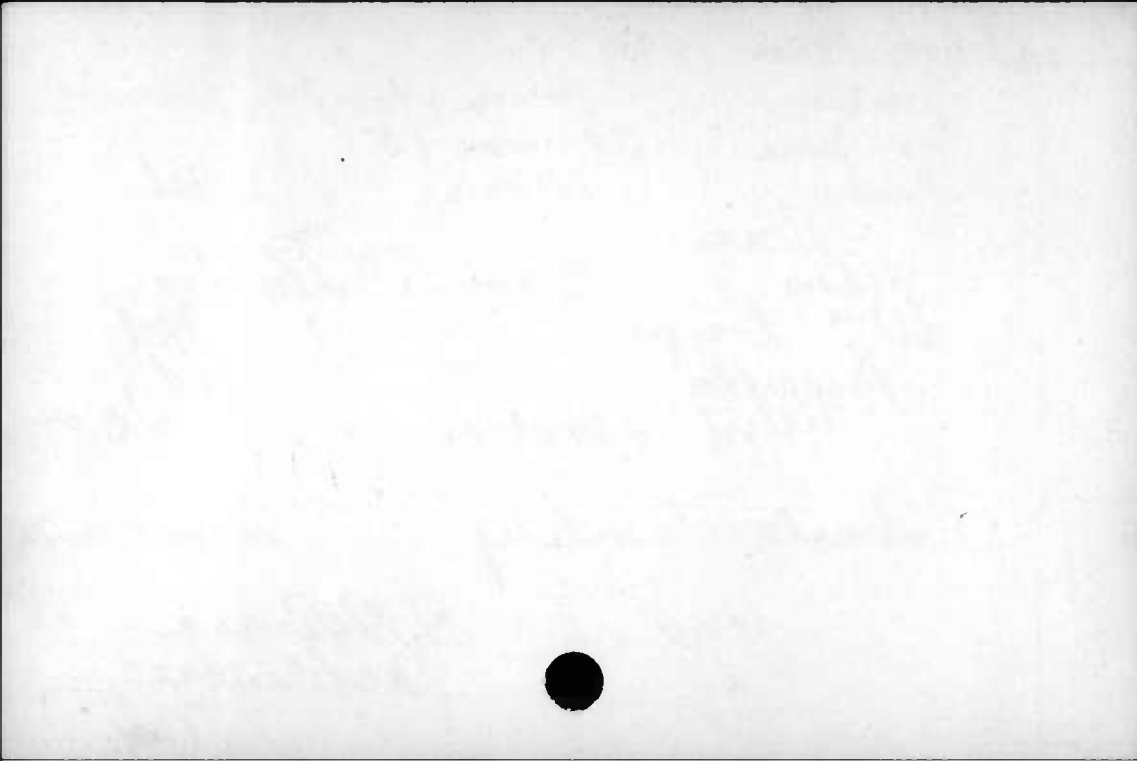
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Interville</u> <small>Town</small>		<u>Anne</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>10</u> <small>Age</small>	<u>23</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Albert Storks</u>		
Father's Name	<u>James Thomas</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Sarah Foster</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Albert Storks</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>6 weeks</u>
Immediate	<u>Asthenia</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. N. Perri</u>
		Address	<u>McKendree</u>
Accident or Suicide?			<u>Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Ann Storks*

Town *Jewell* County *Anne Arundel*

Died at *Jewell* *Anne Arundel*

Date of death *1908* Month *June* Day *3rd* Age *about* Years *95* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Daniel Storks*

Father's Name *Wm. Diggs* Father's Birthplace *Ind.*

Mother's Maiden Name *Priscilla* Mother's Birthplace *Ind.*

Name of person giving information *Albert Storks* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile debility* How long *Several months*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

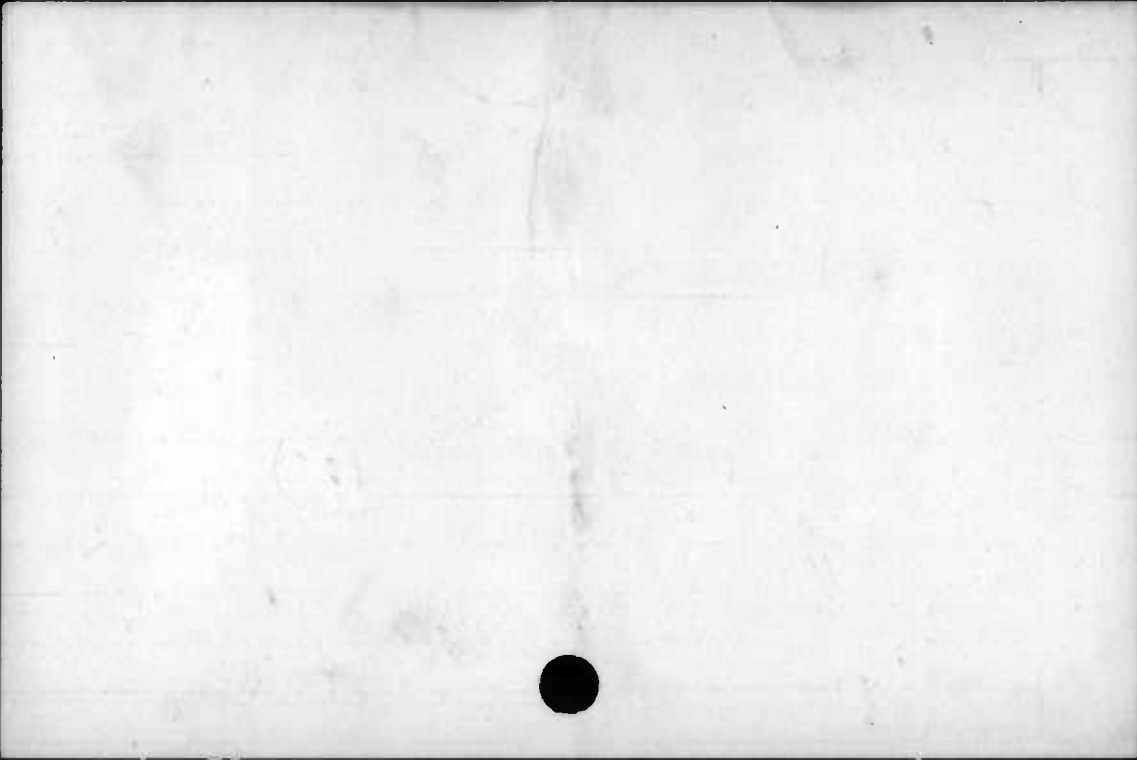
Signature of Physician *A. H. Perrie*

Address *McKendree Ind.*

Accident or Suicide? *—*



Name in Full Frence Taylor		Town Annapolis		County a. a. co		CERTIFICATE OF DEATH	
Died at Annapolis Md		Month June		Day 10		Years 26	
Date of death 1908		Months —		Days —		MARYLAND	
Sex female		Color or Race Colored		Birth-place Annapolis Md			
Occupation House-keeper		Where Residing if not at place of death 30 Washington st					
Married, Single or Widowed Married		Name of Wife or Husband Daniel Taylor					
Father's Name Charles Robert		Father's Birthplace Calvert Co. Md					
Mother's Maiden Name Kattie Snoden		Mother's Birthplace Annapolis Md					
Name of person giving information Daniel Taylor		How related to deceased Husband					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		120			
Primary Nephritis		How long Months					
Immediate Nephritis		How long 24 hrs					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John H. Doughty		Address Annapolis Md			
Accident or Suicide?							



Name
in
Full

Stillborn Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>June</u> ^{Month}	<u>6</u> ^{Day}	Age	<u>Years</u> ^{Months} ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>3000 Bush St Annapolis</u>
Occupation	<u></u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>David Taylor</u>			Father's Birthplace	<u>A. A. Co. Ind</u>
Mother's Maiden Name	<u>Trine Collins</u>			Mother's Birthplace	<u>" " "</u>
Name of person giving information	<u>David Taylor</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still-born</u>	How long	<u>(S)</u>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
<u>Yes</u>	Address		
Accident or Suicide?	<u>John Ridout</u> <u>Annapolis</u> <u>Md</u>		

27-10-1912

Name
in
Full

Gertrude Terry,

CERTIFICATE OF DEATH

12

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Brooklyn^{County} A. A.

Date of death 1908 June

Month

Day 6

Age

Years 3

Months 10

Days 1

Sex Female

Color or Race

Colored

Birth-place

Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Henry Terry

Father's Birthplace

Va.

Mother's Maiden Name

Rose Callins

Mother's Birthplace

Md.

Name of person giving information

Henry Terry

How related to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

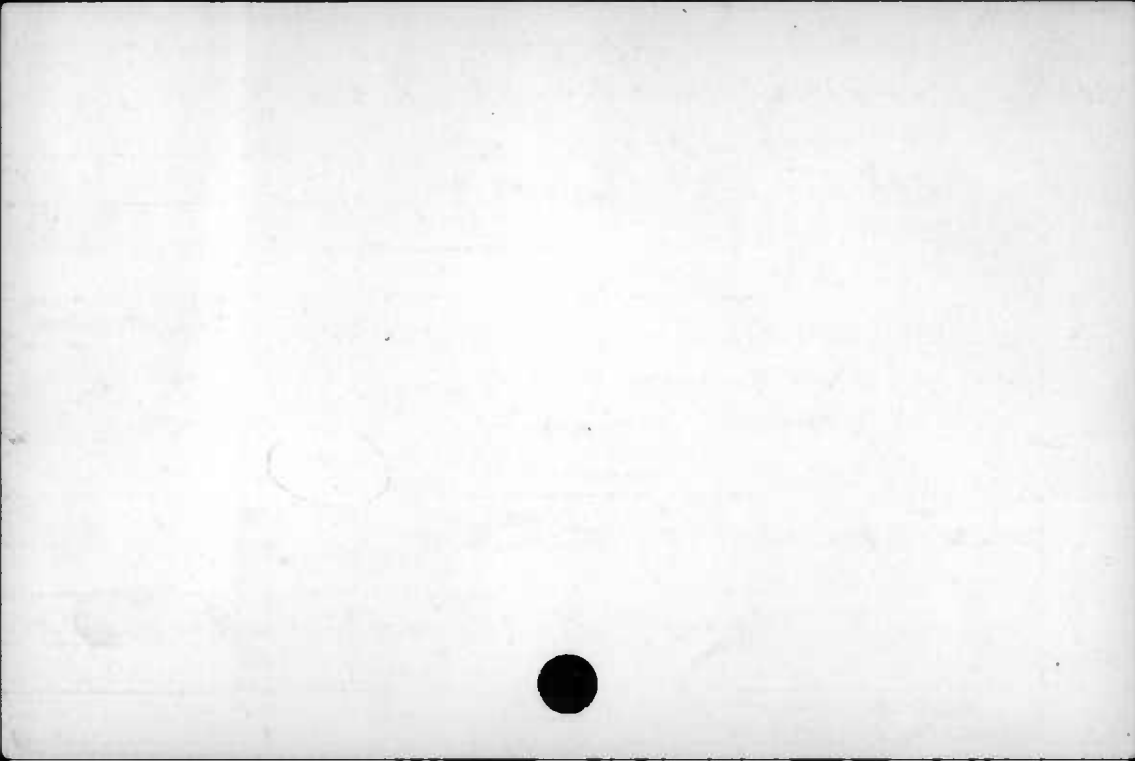
yes

Signature of Physician

Address

Thos. B. Horton M.D.
Ex. B. Balto., Md.

Accident or Suicide?



Name
in
Full

Howard Thompson -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

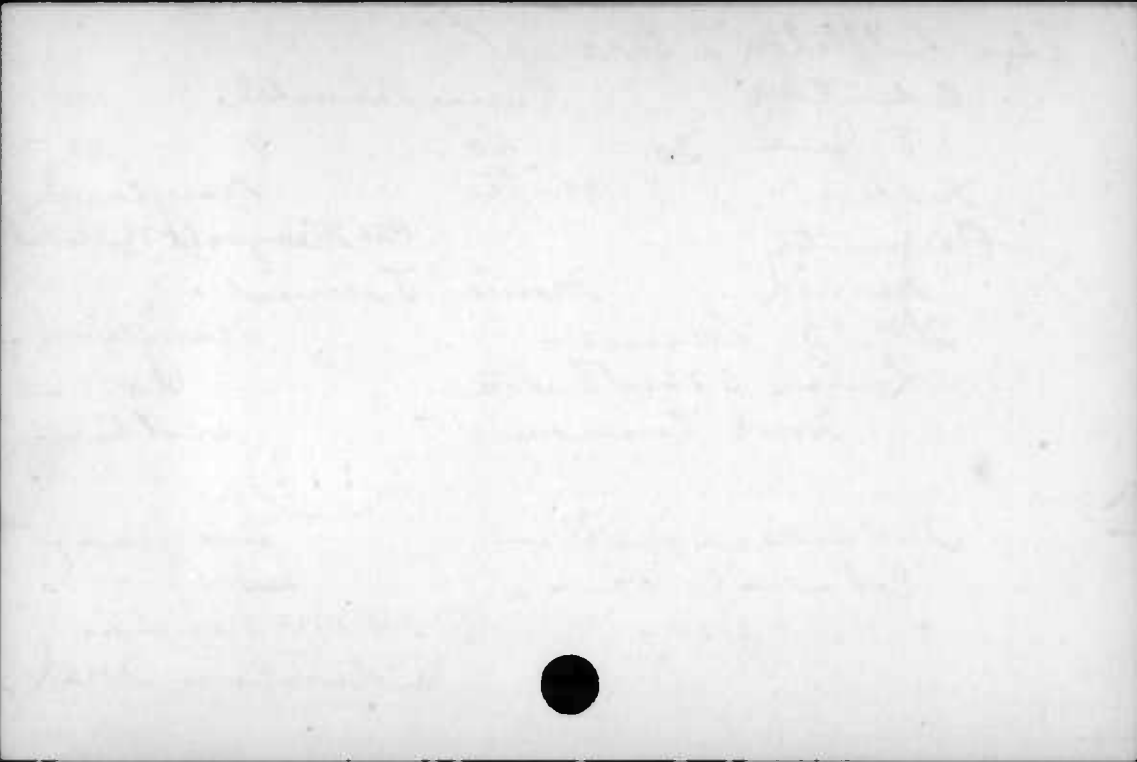
Died at		Town		County		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1908		June		21		Age		35			
Sex		Male -		Color or Race		Colored		Birth-place		Unknown	
Occupation		Deck hand -		Where Residing if not at place of death		1715 Brent St		Baltimore		Md	
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Unknown -		Father's Birthplace		Unknown					
Mother's Maiden Name		Unknown -		Mother's Birthplace		Unknown					
Name of person giving information		Walter Owens		How related to deceased		Undertaker					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		Accidental Drowning		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		James S. Bellinger 210	
				Address		Armiger	
Accident or Suicide?		Accident				Md	



Name
in
Full

Eliza Littleton Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

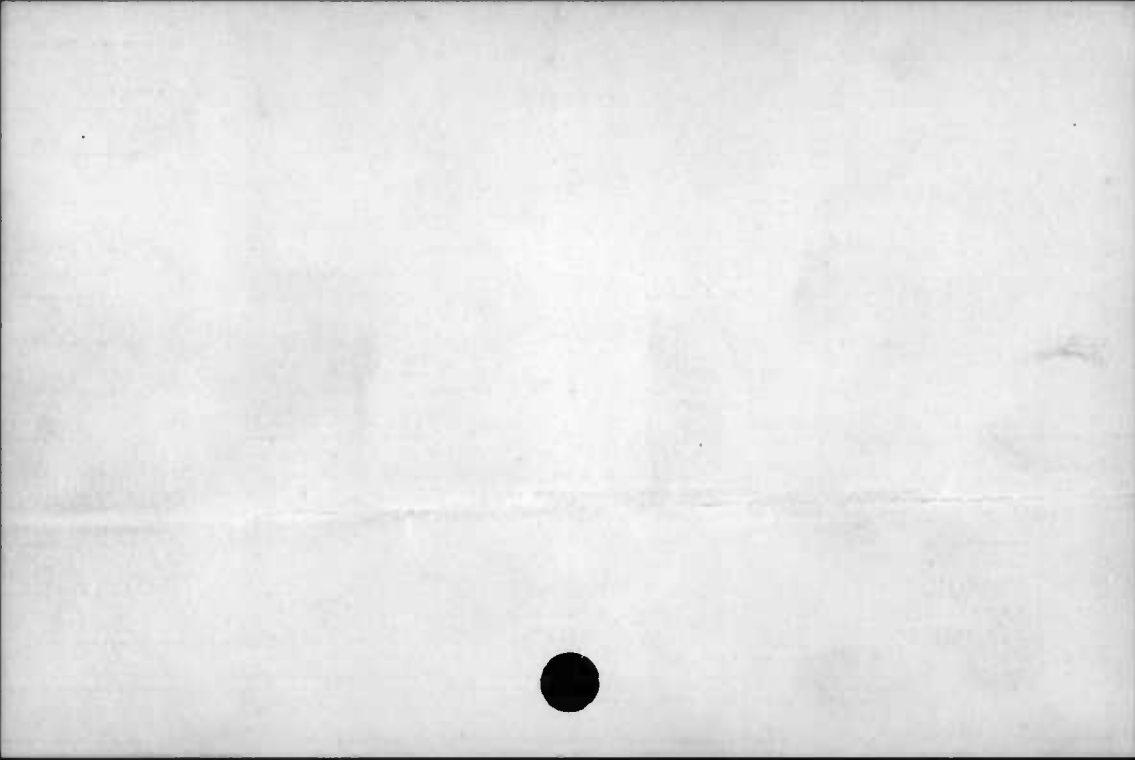
Died at <i>Odenton</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<i>9</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>1920 W. Lexington St Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marrie Turner</i>				
Father's Name <i>Jas B Turner</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louisa S Brotherton</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Howard Turner</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>was</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. McNamee</i>
	Address <i>Odenton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Frank Vykoukal

MARYLAND

Died at

So. Balto

a.a.-

Date

of death 1908

Month

June

Day

25

Age

Years

—

Months

7

Days

—

Sex

Male

Color or
Race

white

Birth-
place

So. Balto, Md

Occupation

Where Residing if not
at place of death

Single

Name of Wife or
HusbandFather's
Name

Vaclav Vykoukal

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Sophia Pekar

Mother's
Birthplace

Bohemia

Name of person giving
Information

Vaclav Vykoukal

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

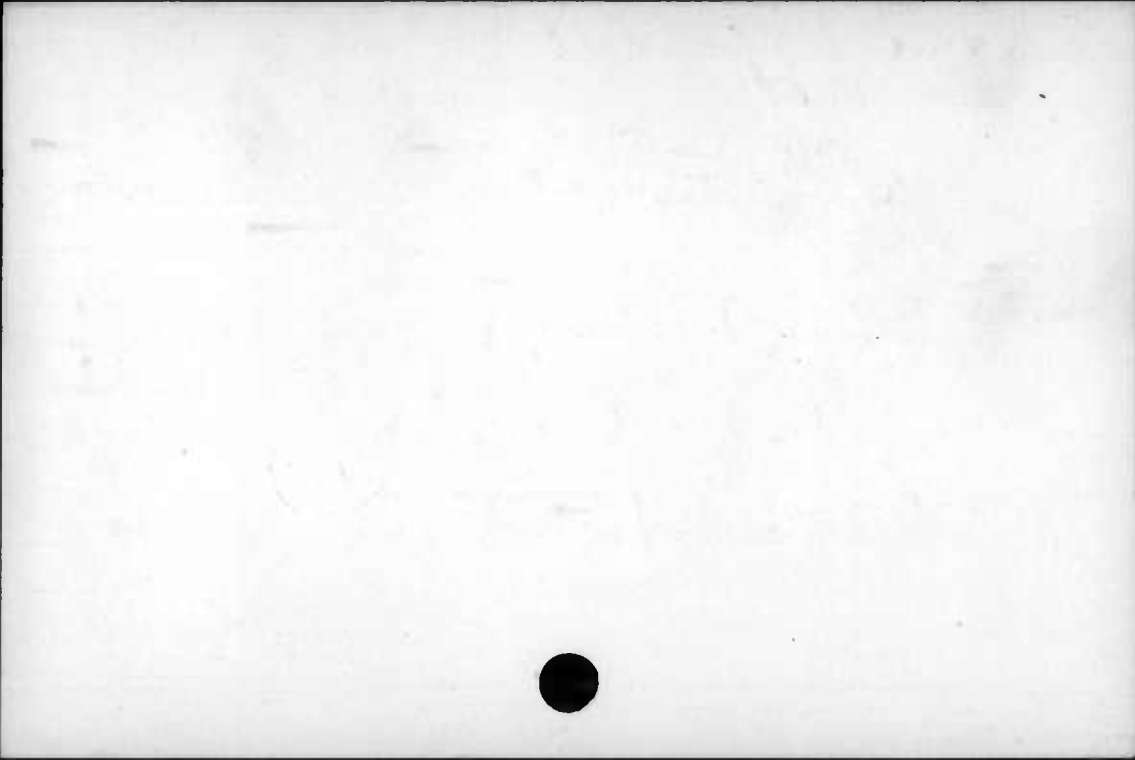
Signature of
Physician

Address

Thos. B. Horton MD
So. Balto, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emory R. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

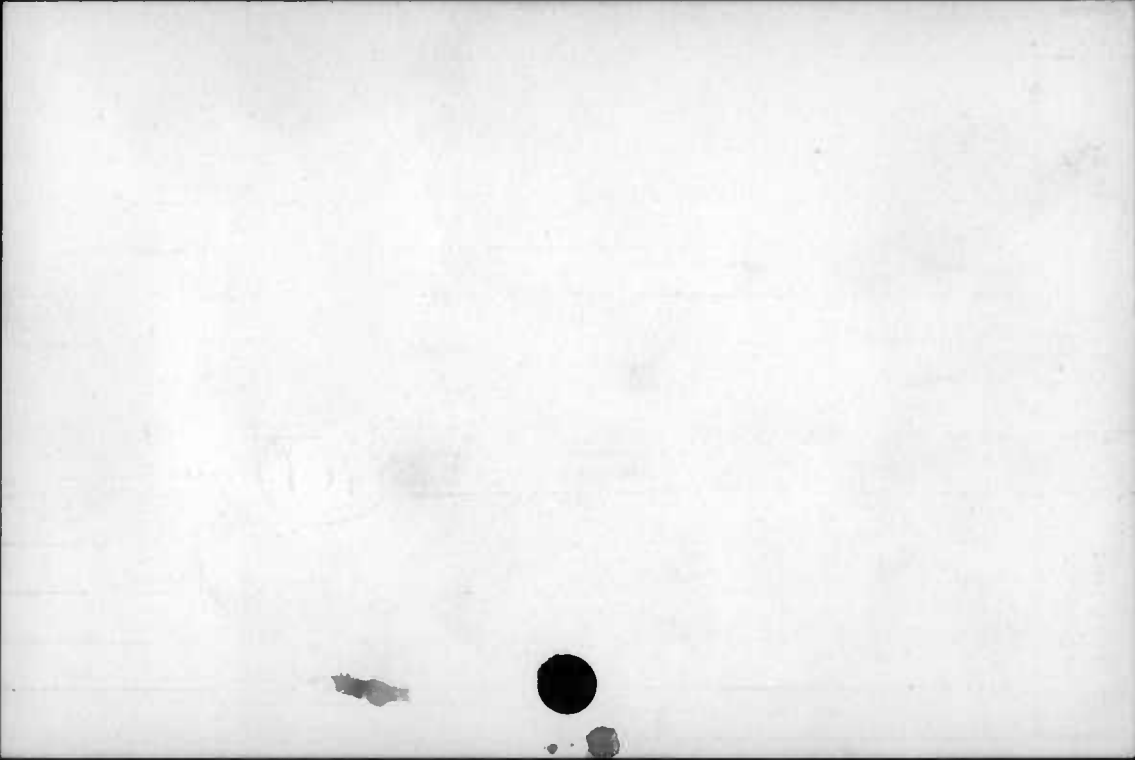
Died at		Town Annapolis		County A. A. Co.		MARYLAND	
Date of death		Month 8	Day June	Age 27	Years "	Months	Days
Sex Male		Color or Race White		Birth-place Calvert Co. Md.			
Occupation Laborer		Where Residing if not at place of death Annapolis					
Married, Single or Widowed Widower		Name of Wife or Husband Dead		Unknown			
Father's Name John Ward		Father's Birthplace Calvert Co.					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Oliver B Ward		How related to deceased Son					

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary	Heat Exhaustion	How long	4 days
Immediate	Coma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Louis B. Finkbeiner	
Yes		Address Annapolis, Md.	
Accident or Suicide?		Neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

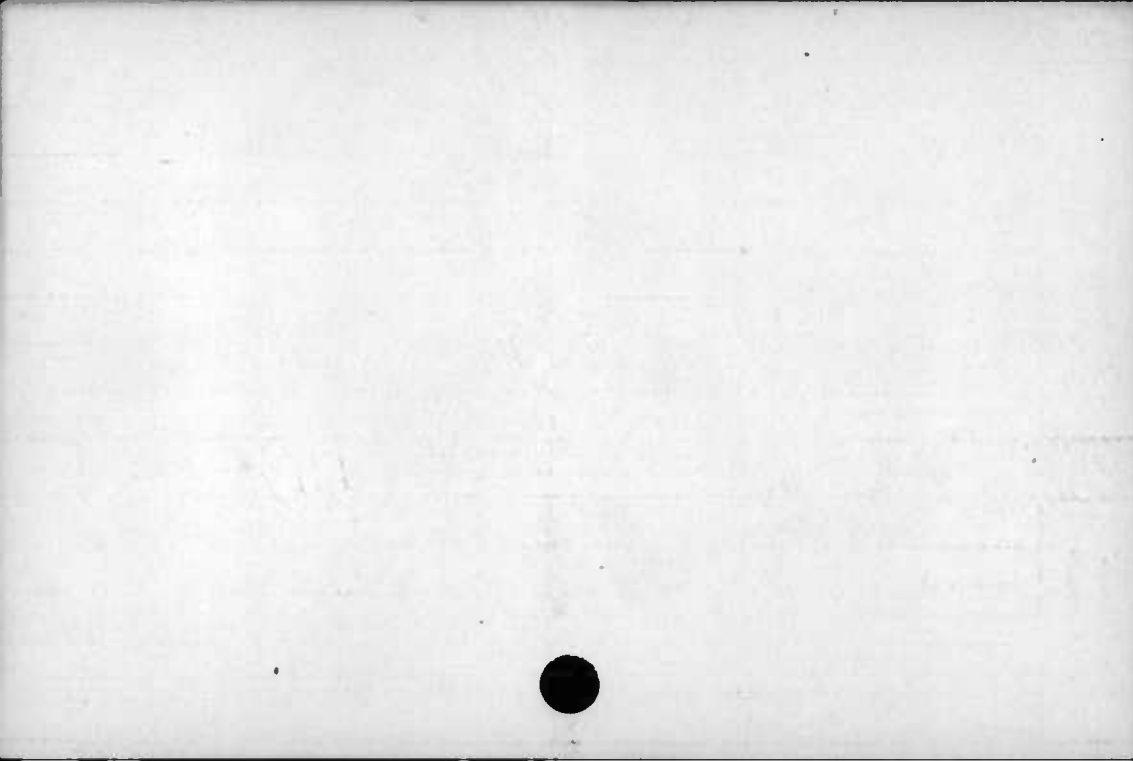
Name in Full <i>J. E. Wartham</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>June</i>		Day <i>19</i>		Years <i>26</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>19</i>		Years <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lynchburg Va.</i>			
Occupation <i>Lawman</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Sam'l R. Wartham</i>		Father's Birthplace <i>Amhurst Co. Va.</i>					
Mother's Maiden Name <i>Mary S. Dawson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>J. S. McPherson</i>		How related to deceased <i>Brother in Law</i>					

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary <i>Accident -</i>	How long <i></i>
Immediate <i>Electric Shock</i>	How long <i>immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Hepburn</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

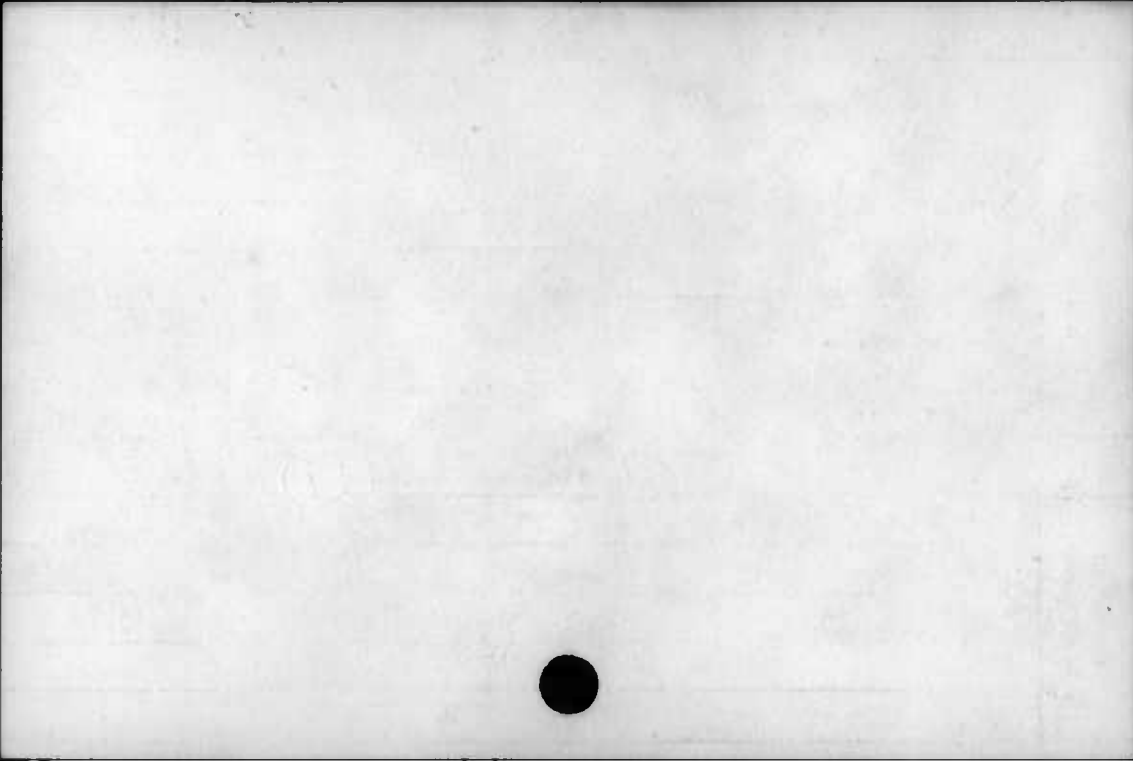
Name <i>Nellie Washington</i>		Town <i>Annapolis Md</i>		County <i>A. A. CO</i>		MARYLAND	
Died at <i>Annapolis Md</i>		Month <i>June</i>		Day <i>9</i>		Age <i>4</i>	
Date of death <i>1908</i>		Years <i>4</i>		Months <i>4</i>		Days <i>4</i>	
Sex <i>female</i>		Color or Race <i>Coloured</i>		Birth-place <i>Annapolis Md</i>			
Occupation <i></i>		Where Residing if not at place of death <i>6 Carroll st</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles Washington</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Gertrude Tyler</i>		Mother's Birthplace <i>Annapolis Md</i>					
Name of person giving information <i>Dolley Tyler</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>neglect</i>	How long <i>one month</i>
Immediate <i>Malnutrition</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ambrose Charnia M.D.</i>
	Address <i>12 Clay St Annapolis Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Severn</i>		County <i>Annapundel</i>		MARYLAND	
Date of death 190	Month <i>June</i>	Day <i>20th</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Washington DC</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>Simuel White</i>							
Father's Name <i>John E White</i>		Father's Birthplace <i>U.S.</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>U.S.</i>					
Name of person giving in formation <i>Carrie M. Parkhurst</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>unknown</i>
Immediate <i>Nephritis</i>	How long <i>20</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Howard M.D.</i>
	Address <i>1404 Madison Ave Baltimore</i>
Accident or Suicide? <i>No</i>	

all a.
Er

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Vicent L. Woods		Town Brooklyn		County am		MARYLAND	
Died at Brooklyn		Month 8		Day 28		Years 5	
Date of death 1908		Age 28		Months 5		Days 8	
Sex Male		Color or Race White		Birth-place Ma			
Occupation ---				Where Residing if not at place of death ---			
Married, Single or Widowed Single		Name of Wife or Husband ---					
Father's Name Ashby Woods		Father's Birthplace Ma					
Mother's Maiden Name Gertrude Munn		Mother's Birthplace Ma					
Name of person giving information Wm Wood		How related to deceased Nephew					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long 1 day	
Immediate ---		How long ---	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas H Brook	
		Address ---	
Accident or Suicide? ---			



Name in Full		Alfred Austin Wright				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u> </u> Town		County <u>Anne Arundel</u>		MARYLAND	
		Date of death <u>1908</u> Month <u>June</u> Day <u>7</u> Age <u>71</u> Years Months <u>8</u> Days					
		Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>North-Carolina</u>	
		Occupation <u>Team Laborer</u>		Where Residing if not at place of death <u>Resided at place of death</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Wright</u>			
		Father's Name <u>Wm R Wright</u>		Father's Birthplace <u>not known</u>			
		Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>not known</u>			
		Name of person giving information <u>Jeremiah Wright</u>		How related to deceased <u>Son</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <u>Cerebral Hemorrhage</u> ^{with paralysis}</p> <p>Immediate <u>same</u></p> <p>Are the name, age, sex, color, date and place correctly given above? <u>Yes</u></p> <p>Accident or Suicide? <u>No</u></p> </div> <div> <p>64</p> <p>How long <u>7 days</u></p> <p>How long <u>7 days</u></p> <p>Signature of Physician <u>Arthur Williams</u></p> <p>Address <u>Elk Ridge Howard Wayland</u></p> </div> </div>							
PHYSICIAN OR CORONER							

